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FEB 28 1986

Mr. William L. Meyer, Head
Solid and Hazardous Waste Management Branch
Environmental Health Section
Division of Health Services
North Carolina Department of Human Resources
Post Office Box 2091
Raleigh, North Carolina 27602-2091

Re: Annual Report under N. C.
Hazardous Waste Management
Program for EPA ID Nos.
NC6170022580 and NC6170022570

Dear Mr. Meyer:

Enclosures (1) and (2) provide the subject reports for calendar year 1985. Enclosure (2) has been modified slightly by adding attachment (I), as discussed with Mr. Emil Breckling of your office. The existing hazardous waste (HW) management plan for the Camp Lejeune complex provides for the collection of HW from the various generating shops throughout the base and shipment under a HW manifest to a central storage facility. The central storage facility is owned by Marine Corps Base, Camp Lejeune, and is operated by the Defense Reutilization and Marketing Office (DRMO), Camp Lejeune. The facility is permitted by your agency under the final status hazardous waste management permit number NC61700222580.

It should be noted that the total HW generated at both Marine Corps Base, Camp Lejeune and Marine Corps Air Station, New River, during calendar year 1985 is accounted for in volumes shown on pages 1-4 of enclosure (2). Enclosure (1) and attachment (II) of enclosure (2) quantifies the volume of HW received by the central storage facility. Please note that attachment (II) to enclosure (2) also described action taken to minimize the volume and toxicity of HW generated at both Marine Corps Base, Camp Lejeune and Marine Corps Air Station, New River. This report does not include waste oil.

Writer: D. Sharpe, NREAD, 5003
Typist: T. Hardison, 28 Feb 86

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FEB 28 1986

Mr. William L. Meyer, Head
Solid and Hazardous Waste Management Branch
Environmental Health Section
Division of Health Services
North Carolina Department of Human Resources
Post Office Box 2091
Raleigh, North Carolina 27602-2091

Re: Annual Report under N. C.
Hazardous Waste Management
Program for EPA ID Nos.
NC6170022580 and NC8170022570

Dear Mr. Meyer:

Enclosures (1) and (2) provide the subject reports for calendar year 1985. Enclosure (2) has been modified slightly by adding attachment (I), as discussed with Mr. Emil Breckling of your office. The existing hazardous waste (HW) management plan for the Camp Lejeune complex provides for the collection of HW from the various generating shops throughout the base and shipment under a HW manifest to a central storage facility. The central storage facility is owned by Marine Corps Base, Camp Lejeune, and is operated by the Defense Reutilization and Marketing Office (DRMO), Camp Lejeune. The facility is permitted by your agency under the final status hazardous waste management permit number NC61700222580.

It should be noted that the total HW generated at both Marine Corps Base, Camp Lejeune and Marine Corps Air Station, New River, during calendar year 1985 is accounted for in volumes shown on pages 1-4 of enclosure (2). Enclosure (1) and attachment (II) of enclosure (2) quantifies the volume of HW received by the central storage facility. Please note that attachment (II) to enclosure (2) also described action taken to minimize the volume and toxicity of HW generated at both Marine Corps Base, Camp Lejeune and Marine Corps Air Station, New River. This report does not include waste oil.

Writer: D. Sharpe, NREAD, 5003
Typist: T. Hardison, 28 Feb 86

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If you desire further information, please contact Mr. Danny Sharpe at the above address, or telephone (919) 451-5003.

Sincerely,

R. A. TIEBOUT
Colonel, U. S. Marine Corps
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encls:

- (1) DHS Form 3036, EPA ID No. NC6170022570
- (2) DHS Form 3038, EPA ID No. NC6170022580

Copy to:

CMC (Code LFL)
CMDR NAVFACENGCOM (Code 114)
CO MCAS, NR

Blind copy to:
DRMO

FILED NOV 20 1954

N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1985 HAZARDOUS WASTE GENERATOR ONLY ANNUAL (PART A) REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The

Waste 9 7 1 1 1

Installation EPA ID Number: N C 8 1 7 0 0 2 2 5 7 0

Name of Installation: Marine Corps Air Station, New River

Location of Installation: _____
(Street or Route Number)

Jacksonville Onslow North Carolina 28545

(City or Town) (County) (State) (Zip Code)

Installation Contact: Danny Sharpe 919 451-5003

(Name) (Area Code) (Phone Number)

Waste Identification:

A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Quantity Generated (LBS)	D. Handling Method/Quantity/Location			E. In Storage December 31, 1985	
			Waste Shipped to			1. Storage Method Code	2. Quantity (LBS)
			1. Handling Method Code	2. Quantity Shipped to TSD or Recovery Facility (LBS)	3. TSD Facility EPA ID No./ Recovery Facility Name		
D001	Flammable liq NOS	4996	S01	4996	NC6170022580		-
D001	Paint Wastes	5442	S01	5442	"		-
D001	Compress Gas NOS	9	S01	9	"		-
D001	Petrol Naptha	500	S01	500	"		-
D001	Isopropyl Alco	1 1001	S01	1001	"		-
D001	Waste Solvent	4128	S01	4128	"		-
D001	Combus Liq NOS	5046	S01	5046	"		-
D001	Methyl Alcohol	7414	S01	7414	"		-
D002	CorrosiveLiqNOS	28	S01	28	"		-
D002	CorPaintStrip'r	1835	S01	1835	"		-
F001	Used Degreasers	459	S01	459	"		-
F003	Acetone	1376	S01	1376	"		-

If more space is needed check ___ and complete attachment 1

List EPA ID Numbers for each Transporter used during reporting year:

NC6170022580

Describe efforts undertaken during the year to reduce the volume and toxicity of waste generated. _____

See Note 1, Page 2

Describe the changes in volume and toxicity of waste actually achieved during the year in comparison to previous years to the extent such information is available. See Note 2, Page 2

over

page 1

CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

RA. Tiebout

(Signature)

R. A. TIEBOUT

(Print or Type Name)

28 Feb 86

(Date Signed)

*Read instructions before completing form

DHS 3036 (Revised 1-86) Do. No. 0351A

Solid & Hazardous Waste Management Branch

Note 1: The Marine Corps has begun a study of hazardous waste management practices. at Marine Corps Base, Camp Lejeune, EPA ID #NC6170022580 and Marine Corps Air Station, New River, EPA ID #NC8170022570. The \$160,000.00 study scheduled for completion in mid-1986 addresses both operational changes and facilities improvements required to comply with objectives of the Resource Conservation and Recovery Act. Also, all hazardous wastes are shipped to NC6170022580, Marine Corps Base, Camp Lejeune, for storage, awaiting disposal by the Defense Reutilization and Marketing Office, Camp Lejeune (DRMO). The DRMO utilizes recycling and reutilization methodology to reduce volumes requiring final disposal by burial or by incineration.

Note 2: Increased emphasis on segregation of various types of oily wastes is resulting in an increase in the volume of regulated solvents being reflected in hazardous wastes inventory records. This trend is expected to continue until recommendations provided by the study discussed in Note 1 above are implemented.

N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1985 HAZARDOUS WASTE OFF-SITE TSD FACILITY

ANNUAL PART C PART D REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operation In Your Co. That Generated The

Waste 9 7 1 1

Installation EPA ID Number: N C 6 1 7 0 0 2 2 5 8 0

Name of Installation: Marine Corps Base

Location of Installation: _____

(Street or Route Number)

Camp Lejeune Onslow North Carolina 28542

(City or Town) (County) (State) (Zip Code)

Installation Contact: Danny Sharpe 919 451-5003

(Name) (Area Code) (Phone Number)

Waste Identification:

A. EPA Waste No	B. Description of Waste/Chemical Name	C. Amount of Waste by Handling Method			3. EPA ID No./ of Generator that shipped Waste to Your Facility	Shipped to Off-Site Treatment, Disposal, or Recovery Facility		
		1. Handling Method Code	2. Quantity Stored**, Treated, Disposed, or Recovered By Source of Waste			4. Handling Method Code	5. Quantity (LBS)	6. Facility EPA ID./ Recovery Facility Name (See Note #1 Below)
			(a) From In-State (LBS)	(b) From Out-of-State (LBS)				
None	HW liquid, NOS	S01	14		D80	926	GSX	
D001	Flammable liq NOS	S01	10737		NC6170022580	30142	TN D000645770	
					NC8170022570		Cal Dwell	
D001	Paint Related Wastes	S01	1299		"	2775	NC D086871282	
							TN D000645770	
D001	Waste Compressed Gas, NOS	S01	9		NC8170022570			
D001	Waste NAPHTHA	S01			"	459	NC D086871282	
D001	Isopropyl Alcoh	S01	84		"			
D001	Waste Solvent	S01	3711		"			
D001	Combustible liq NOS	S01	6881		NC6170022580	17028	TN D000645770	
					NC8170022570			

(If more space is needed check and complete Attachment 1)

Comments: Transporter used was Humphrey Services Inc., EPA ID No. AL D980842843

3038 Revised 1-86)

and Hazardous Waste Mgt. Branch

over

page 1 of 4

Note #1: Disposal Facilities Used:
 GSX Services EPA ID No. TN D000645770
 GSX Chemical Services EPA ID No. SC D070375985
 BDT EPA ID No. NY D000632372
 Cal Dwell EPA ID No. NC D086871282

ENCLOSURE (2)

I. CERTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment. See page 2, Attachment (2), Enclosure (2).

R.A. Tiebout

(Signature)

R. A. TIEBOUT

(Print or Type Name)

28 Feb 86

(Date signed)

II. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

R.A. Tiebout

(Signature)

R. A. TIEBOUT

(Print or Type Name)

28 Feb 86

(Date Signed)

*Read instructions before completing form.

**As of December 31, 1985.

DHS 3038 (Revised 1-86) Do. No. 0353A

Solid & Hazardous Waste Mgt. Branch

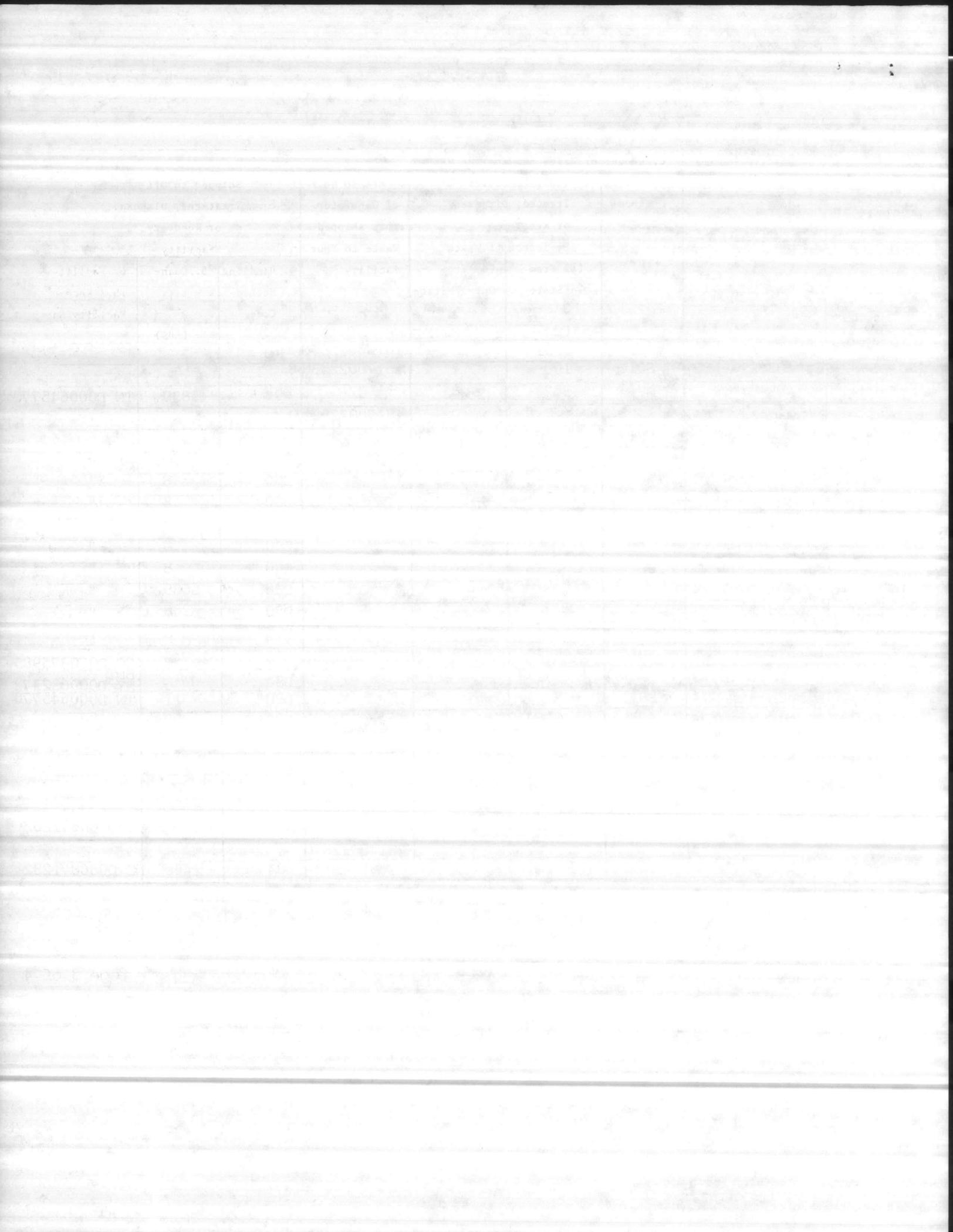
page 2

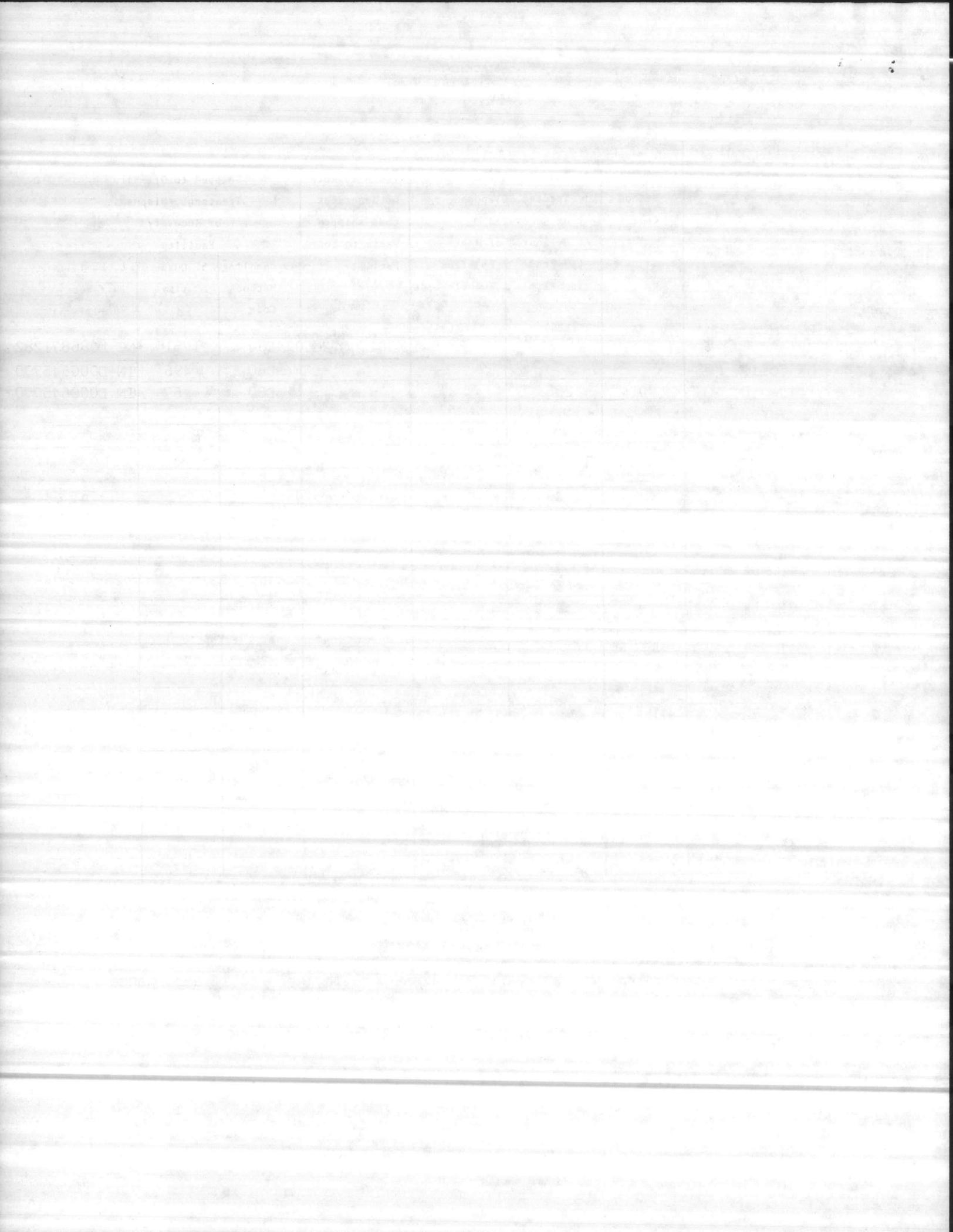
Page 2 of 4

ATTACHMENT I

Waste Identification:

A. EPA Waste No	B. Description of Waste/Chemical Name	C. Amount of Waste by-Handling Method					Shipped to Off-Site Treatment, Disposal, or Recovery Facility		
		1. Handling Method Code	2. Quantity Stored**, Treated, Disposed, or Recovered By Source of Waste		3. EPA ID No./ of Generator that shipped Waste to Your Facility	4. Handling Method Code	5. Quantity (LBS)	6. Facility ID./ Recovery Facility Name	
			(a) From In-State (LBS)	(b) From Out-of-State (LBS)					
D001	Methyl Alcohol	S01	6881		NC8170022570				
D002	CorroSolid NOS	S01	100		NC6170022580				
D002	CorroLiq, NOS	S01	3828		"	D80	5830	TN D000645770	
					NC8170022570				
D002	CorroPaintStrp'r	S01	50		"				
D002	WasteOxidizerNOS	S01	20			D80	5750	"	
D002	Barium Peroxide					D80	8	"	
D002	Ammonium Nitrate					D80	8	"	
D002	Perchloric Acid					D80	8	"	
D002	Hydrogen Peroxide					D80	8	"	
D002	Ammonium Sulfate					D80	8	"	
D002	Ammonium Hydrox'					D80	5689	"	
D002	Creosol					D80	8	"	
D002	Bromine Water					D80	8	"	
D003	Lithium Bat's	S01	4281		NC6170022580	D80	22743	GSX SC D070375985 BLT NY D000632372 TN D000645770	
						D84			
D003	Misc Chem's NOS	S01				D80	11	TN D000645770	
D009	Mercury Waste NOS	S01	606		NC6170022580	D80	20	"	
D013	Lindane					D80	400	"	
D001/	CorroLiq NOS	S01	179		"				
D002					NC8170022570				
D001	Magnesium Bat's	S01	1232		NC6170022580				
F001	Waste Degreasers	S01	968		"	D84	1835	NC D086871282	
					NC8170022570				
F005	Methyl Ethyl Ketone	S01	66		"	D84	1460	NC D086871282	





Hazardous Waste Minimization: The overall objective of the Department of Defense hazardous waste (HW) and hazardous material (HM) disposal activities aboard the activity is to minimize final disposal by burial or by incineration (except for recovery of energy). The following action has been taken to reduce HW generation by volume and toxicity:

- a. Use of contract solvent recycling services of Safety Kleen, Inc. (trade name) at selected locations with intent to expand in coming years.
- b. Use of mineral spirits as solvents as substitute for listed chlorinated items.
- c. Undertaking a comprehensive basewide (to include Marine Corps Air Station, New River) study of HM and HW procurement, storage, handling and disposal procedures. The study is being conducted by Environmental and Safety Designs, Inc., Memphis, Tennessee, at a cost of approximately \$160,000.00. The study will outline those operational changes and facilities improvements required to improve compliance with current federal and state hazardous waste standards and regulations.

The DRMO program for disposal of HM and HW provides for the following:

- a. Local reuse for legitimate purpose
- b. Sale or donation for legitimate purpose
- c. Recycling or recovery

As a last resort, HW and HM are shipped to an offsite HW treatment, storage or disposal facility.



North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

January 31, 1986

Ronald H. Levine, M.D., M.P.H.
State Health Director

MEMORANDUM

TO: North Carolina Generators and On-Site Treaters, Storers, or Disposers (TSD'S) of Hazardous Waste (Excludes Generators, that do NOT treat, store, or dispose on-site. Owners or Operators That Treat, Store, or Dispose of Hazardous Waste From Off-Site Sources Should Complete DHS Form 3038)

FROM: William L. Meyer, Head ^{For}
Solid and Hazardous Waste Management Branch
Environmental Health Section

SUBJECT: Notice of Annual Report Under N. C. Hazardous Waste Management Program

On or before March 1, 1986 each facility that generates, stores, treats, or disposes of hazardous waste shall submit an annual report to the Solid and Hazardous Waste Management Branch as required by NC Rule 10 NCAC 10F .0037 (40 CFR 264.75 and CFR 262.43). We will need this information in our office by March 1, 1986. A copy of the report form is attached. This annual report shall cover the period January 1, 1985 to December 31, 1985.

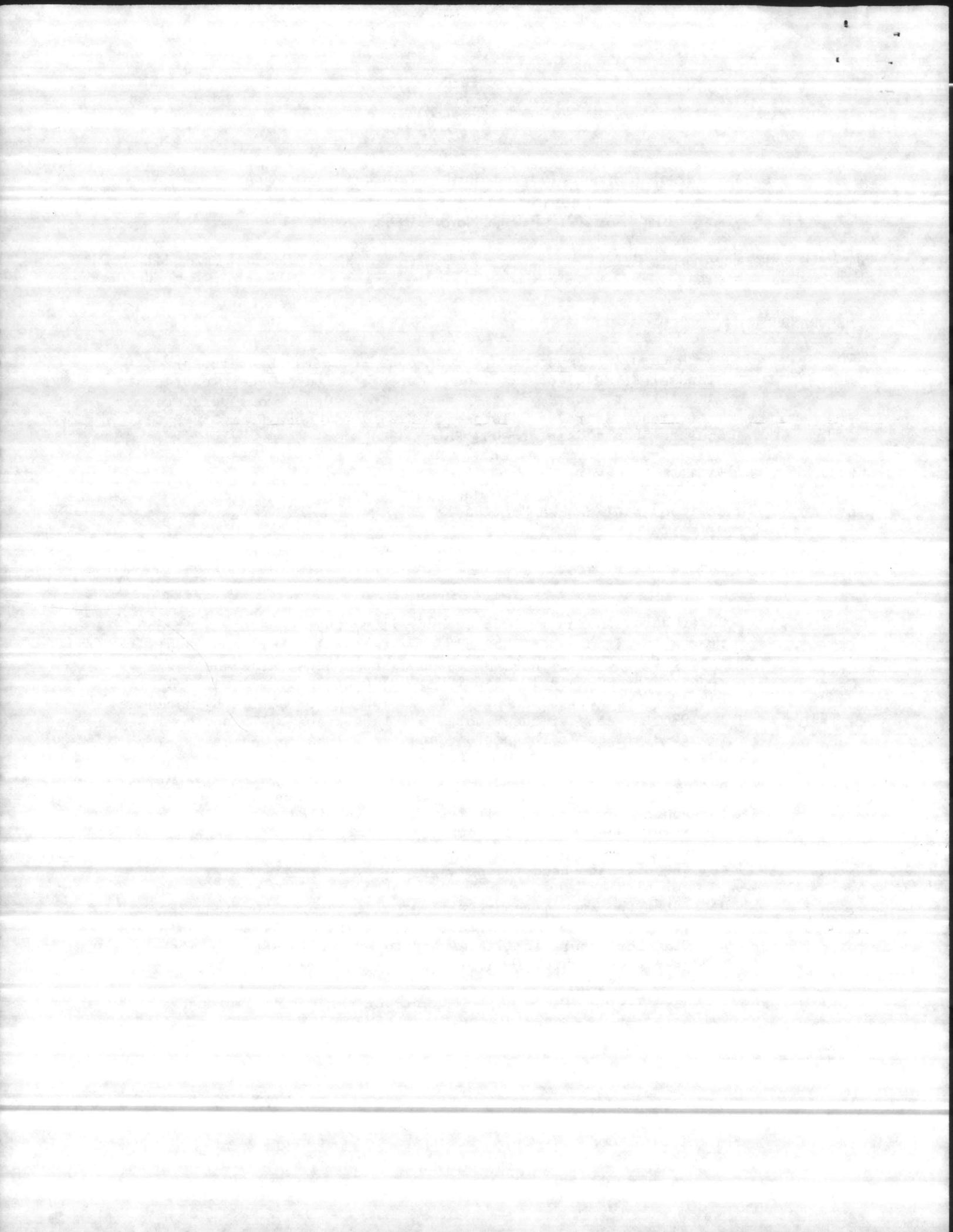
Form instructions are found on page 4. Hazardous waste sent to a resource recovery facility should be reported on the form even if exempt under RCRA. Storage figures are as of December 31, 1985. Handling codes should be reported both for the on-site and the off-site handling of waste.

Data from the annual report will provide information required by the State and EPA. Annual report information will be used in planning for future facilities and to assist industry in the management of hazardous waste.

If there are questions call Emil Breckling or William Paige at (919) 733-2178 for assistance.

WLM/EB:cw 0352A

Attachment
DHS Form 3037



N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1985 HAZARDOUS WASTE GENERATOR THAT DOES ON-SITE
TREATMENT, STORAGE, OR DISPOSAL-TSD FACILITY
ANNUAL (PART B) REPORT*

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The
Waste

I. Installation EPA ID Number:

II. Name of Installation: _____

III. Location of Installation: _____
(Street or Route Number)

(City or Town) (County) (State) (Zip Code)

IV. Installation Contact: _____
(Name) (Area Code) (Phone Number)

V. Waste Identification:

Line Number	A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Quantity Generated (LBS)	D. Amount of Waste by Handling Method				
				1. Handling Method Code	2. Quantity Stored**/Treated Disposed, or Recovered On-Site (LBS)	Shipped to off-Site Treatment, Disposal, or Recovery Facility		
						3. Handling Method Code	4. Quantity (LBS)	5. Facility EPA I.D. Number / Recovery Facility Name
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

(If more space is needed check ___ and complete attachment 1)

VI. Describe efforts undertaken during the year to reduce the volume and toxicity of waste generated _____

VII. Describe the changes in volume and toxicity of waste actually achieved during the year in comparison to previous years to the extent such information is available. _____

VIII. CERTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment.

(Signature) (Print or Type Name) (Date Signed)

IX. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

(Signature)

(Print or Type Name)

(Date Signed)

*Read instructions before completing form

**As of December 31, 1985

DHS 3037 Revised 1-86 Doc. No. 0352A
Solid & Hazardous Waste Mgt Branch

N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1985 HAZARDOUS WASTE GENERATOR THAT DOES ON-SITE
TREATMENT, STORAGE, OR DISPOSAL-TSD FACILITY
ANNUAL (PART B) REPORT*

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The

Waste 3423

I. Installation EPA ID Number: N C D 0 8 3 4 5 2 8 7 6
 II. Name of Installation: BIG CITY INDUSTRY
 III. Location of Installation: 300 INDUSTRIAL DR.
 (Street or Route Number)

BIG CITY BROWN N.C. 27532
 (City or Town) (County) (State) (Zip Code)

IV. Installation Contact: J.R. BRIGGS 919 828-9842
 (Name) (Area Code) (Phone Number)

V. Waste Identification:

Line Number	A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Quantity Generated (LBS)	D. Amount of Waste by Handling Method				
				1. Handling Method Code	2. Quantity Stored**/Treated Disposed, or Recovered On-Site (LBS)	Shipped to off-Site Treatment, Disposal, or Recovery Facility		
						3. Handling Method Code	4. Quantity (LBS)	5. Facility EPA I.D. Number / Recovery Facility Name
1	D001	Waste Methanol	9,000	S01	2,000			
2	F006	Sludge From						
3		Electroplating	5,000	S03	4,000			
4	F006	Electroplating						
5		Sludge					1,000	SCD070375888
6	F003	Acetone Waste	500	S01	500			
7	D001	Paint Residues	2,000	T01	2,000			
8								
9								
10								
11								
12								

EXAMPLE

(If more space is needed check and complete attachment 1)

VI. Describe efforts undertaken during the year to reduce the volume and toxicity of waste generated We ---

VII. Describe the changes in volume and toxicity of waste actually achieved during the year in comparison to previous years to the extent such information is available. We reduced the amount of waste generated by 10% due to the above activity, no change in toxicity.

VIII. CERTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment.

J. R. Briggs J. R. BRIGGS 2/10/86
 (Signature) (Print or Type Name) (Date Signed)

IX. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

J. R. Briggs
(Signature)

J. R. BRIGGS
(Print or Type Name)

2/10/86
(Date Signed)

*Read instructions before completing form

** As of December 31, 1985

DHS 3037 (Revised 1-86)

Solid & Hazardous Waste Mgt Branch

Important: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Purpose: This form will provide N. C. with information needed for EPA reports and to manage hazardous wastes.

Mailing: One copy to - Solid and Hazardous Waste Management Branch
N. C. Department of Human Resources
P. O. Box 2091
Raleigh, NC 27602

Be sure to complete the proper form.

DHS FORM 3036

(Part A): GENERATOR ONLY ANNUAL REPORT - For generators who ship their waste off-site. (Excludes generators that treat, store or dispose of waste on site)

DHS FORM 3037

(Part B): GENERATOR AND ON-SITE TSD FACILITY ANNUAL REPORT - For generators and owners or operators of on-site facilities that treat, store, or dispose of hazardous waste. (Facility owners or operators that treat, store, or dispose of hazardous waste from off site sources should complete DHS for 3038.)

DHS FORM 3038

(Part C): OFF-SITE TSD FACILITY ANNUAL REPORT - For owners or operators of facilities that treat, store, or dispose of hazardous waste from off-site sources.

DHS FORM 3038

(Part D): UNMANIFESTED WASTE REPORT - For facility owners or operators who accept for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest.

DHS FORM 3037

(Part B Form)

SECTION IV.

Installation Contact:

Enter the name and telephone number of the person who may be contacted regarding information contained in this report.

SECTION V.

Waste Identification:

All information in this section must be entered by line number. Each line entry will describe the total annual amount of each waste.

SECTION V-A

EPA Hazardous Waste Number:

For listed wastes, enter the EPA Hazardous Waste Number from 40 CFR Part 261, Subpart D, which identifies the waste.

For a mixture of more than one listed waste, enter each of the applicable EPA Hazardous Waste Numbers. If more space is needed, continue on the next line(s) and leave all other information on that line blank.

For unlisted hazardous wastes, enter the EPA Hazardous Waste Numbers from 40 CFR Part 261, Subpart C, applicable to the waste. If more space is required, follow the procedure described above.

SECTION V-B

Description of Waste:

For hazardous wastes that are listed under 40 CFR Part 261, Subpart D, enter the EPA listed name, abbreviated if necessary. Where mixtures of listed wastes were shipped, enter the description which you believe best described the waste.

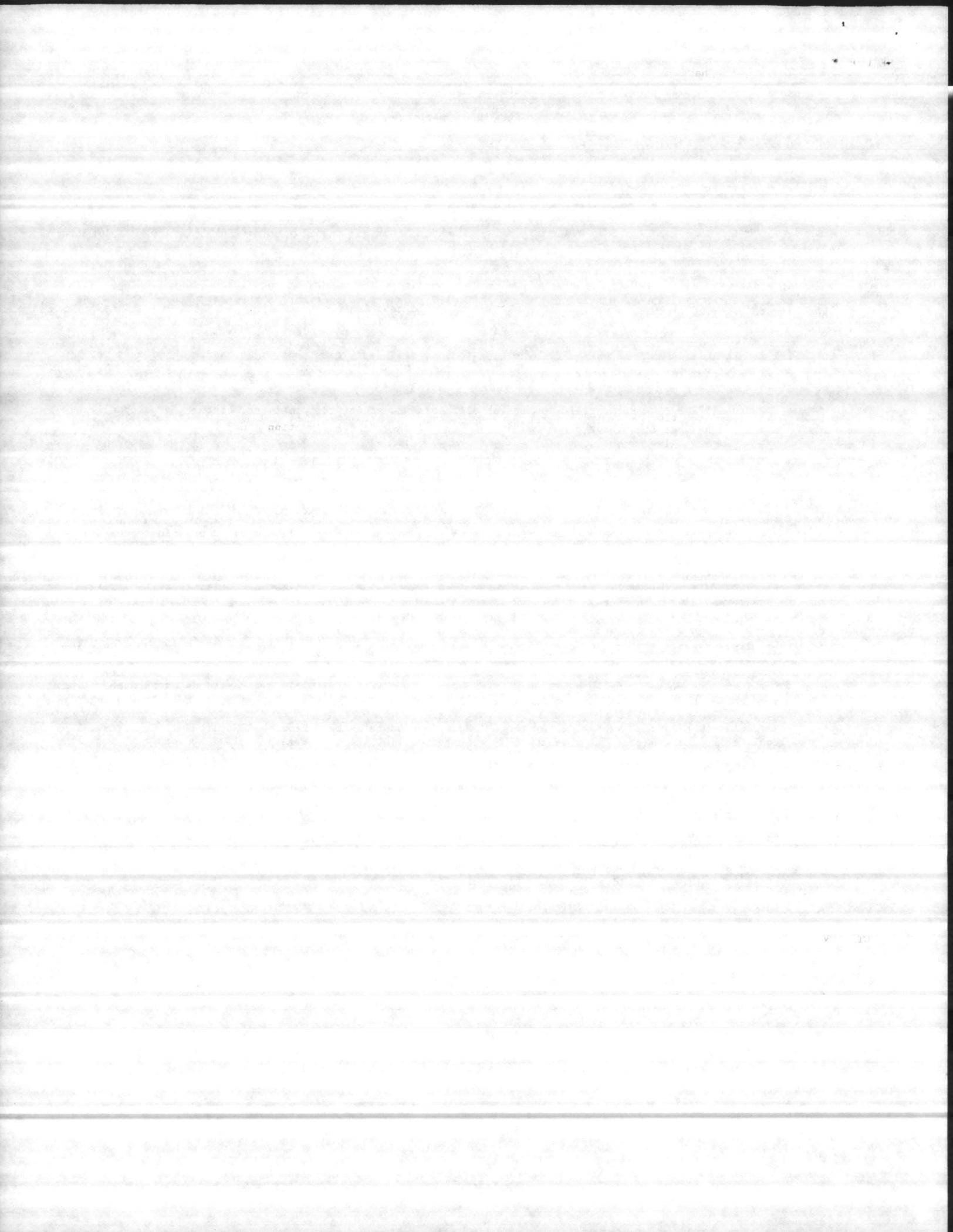
For unlisted hazardous waste identified under 40 CFR Part 261, Subpart C, enter the description which you believe best describes the waste. Include the specific manufacturing or other process generating the waste, (e.g., green sludge from widget manufacturing) and, if known, the chemical or generic chemical name of waste.

SECTION V-C.

Enter total amount generated in reporting year.

DHS 3037 (Revised 1-86)

Solid & Hazardous Waste Mgt. Branch



SECTION W-D.1.

Handling Method:

Enter the handling code(s) listed below that most closely represent the technique(s) used to treat, store, dispose, or recover the hazardous waste.

Enter one EPA handling code for each waste line entry. Where several handling steps have occurred during the year, report only the handling code representing the waste's status at the end of the reporting year or its final disposition.

Storage (Indicate volume (in LB's) remaining at your site December 31, 1985.)

- S01 Containers (barrel, drum, etc.)
- S02 Tank
- S03 Waste Piles
- S04 Surface impoundment
- S05 Other specify _____

TreatmentT01 Treatment in a tankT02 Treatment in a surface impoundmentT03 IncinerationT04 Chemical TreatmentExamples

- Adsorption
- Chemical fixation
- Chemical oxidation
- Chemical precipitation
- Chemical reduction
- Chlorination
- Cyanide destruction
- Degradation
- Ion exchange
- Neutralization

T05 Physical TreatmentExamples

- Centrifugation
- Clarification
- Coagulation
- Decanting
- Encapsulation
- Filtration
- Flocculation
- Flotation
- Foaming
- Sedimentation
- Thickening
- Absorption-molecular sieve
- Activated carbon
- Blending
- Crystallization
- Distillation
- Electrolysis
- Evaporation
- High gradient magnetic separation
- Leaching
- Liquid ion exchange
- Liquid-liquid extraction
- Stripping
- Sand filter

T06 Biological TreatmentExamples

- Activated sludge
- Aerobic lagoon
- Aerobic tank
- Anaerobic lagoon
- Composting
- Thickening filter
- Trickling filter
- Waste stabilization pond

T07 Other specify _____Disposal

D80 Landfill

D84 Other specify _____Resource Recovery

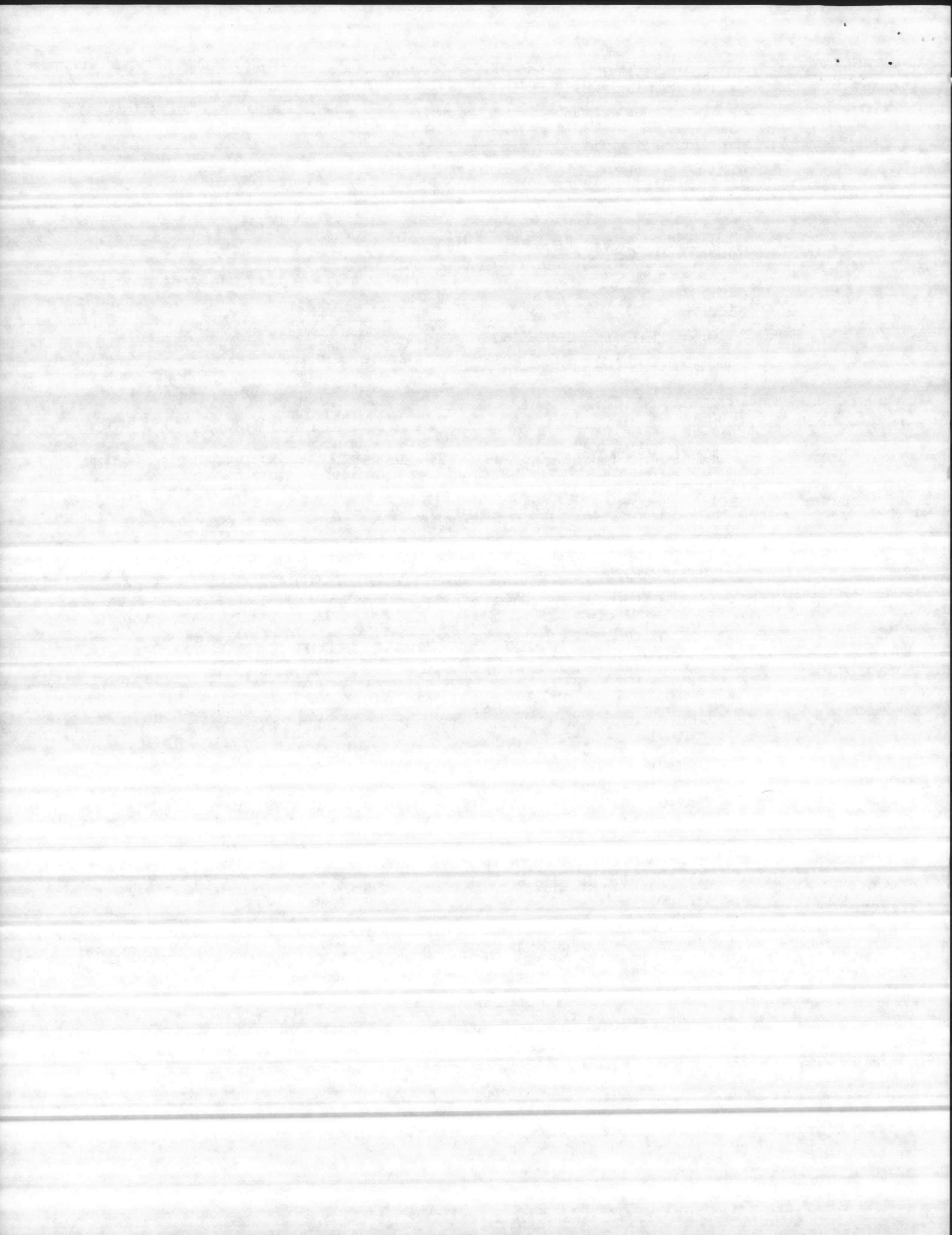
R01 Resource recovery

(include also unmanifested waste exam from RCRA)

SECTION V-D.2.

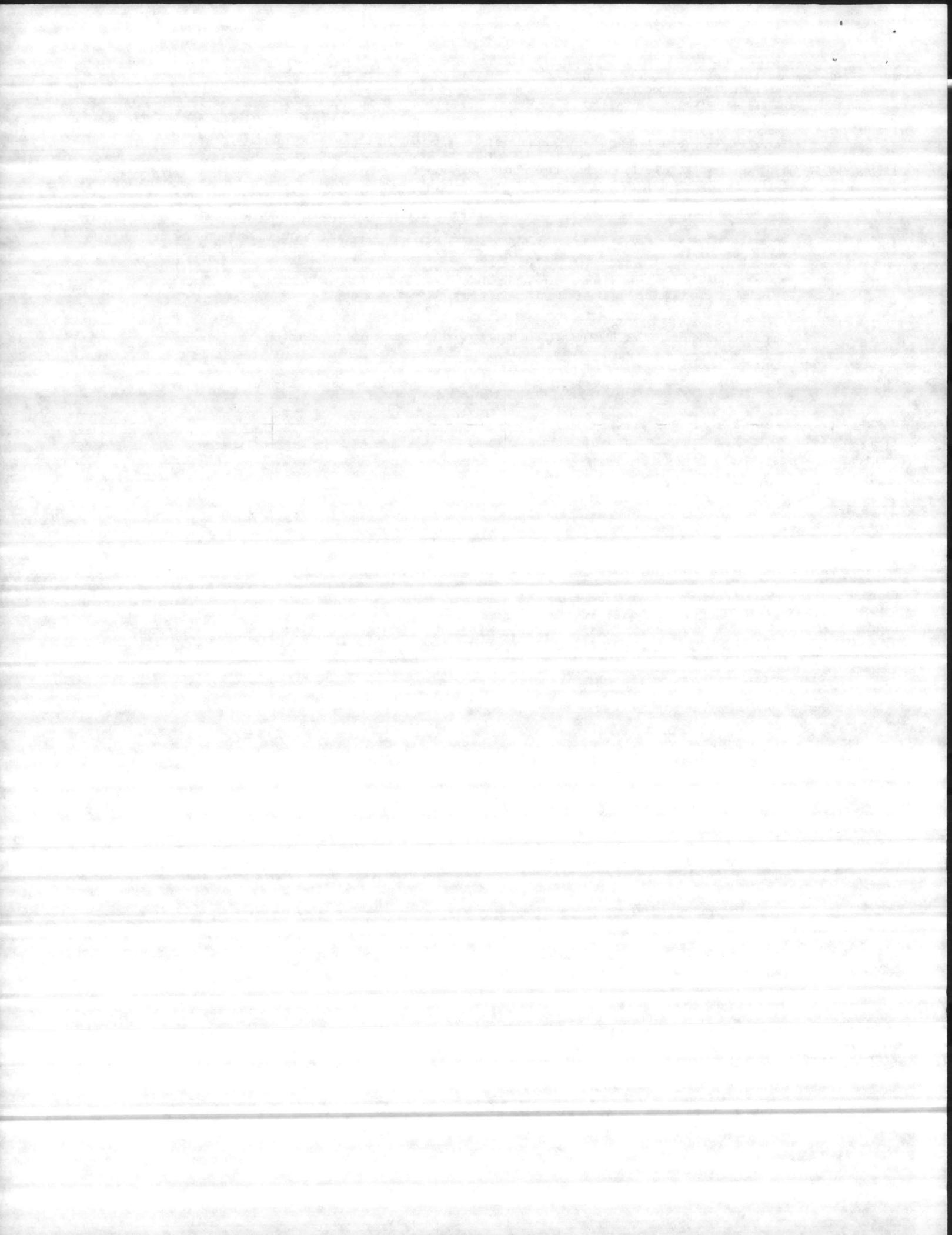
Quantity Stored, Treated, Disposed, or Recovered:

Enter the amount of waste you treated, disposed, or recovered on-site as indicated by handling method.



- SECTION V-D.3 Handling method:
Enter handling method from V-D.1 that represent the techniques used to treat store, dispose or recover the hazardous waste.
- SECTION V-D.4. Quantity Shipped:
Enter the amount in LBS of waste you shipped off-site to TSD or recovery facility.
- SECTION V-D.5. TSD Facility EPA Identification Number/Resource Recovery Facility Name:
Enter the EPA identification number of the facility or Resource Recovery facility name to which you sent the waste described in V-A. (A separate line must be used for each facility to which you sent hazardous waste.)
Add an (X) to end of ID Number if this is a company/corporation owned facility (EXAMPLE: NCD986854312 (X)).
- SECTION VI-VII. Describe efforts to reduce the volume and toxicity of waste generated and change in volume and toxicity of waste generated.
- SECTION VIII. Certification for volume and toxicity reduction:
The owners or operator or his authorized representative must sign.
- SECTION IX. Certification:
The owner or operator or his authorized representative must sign the report.

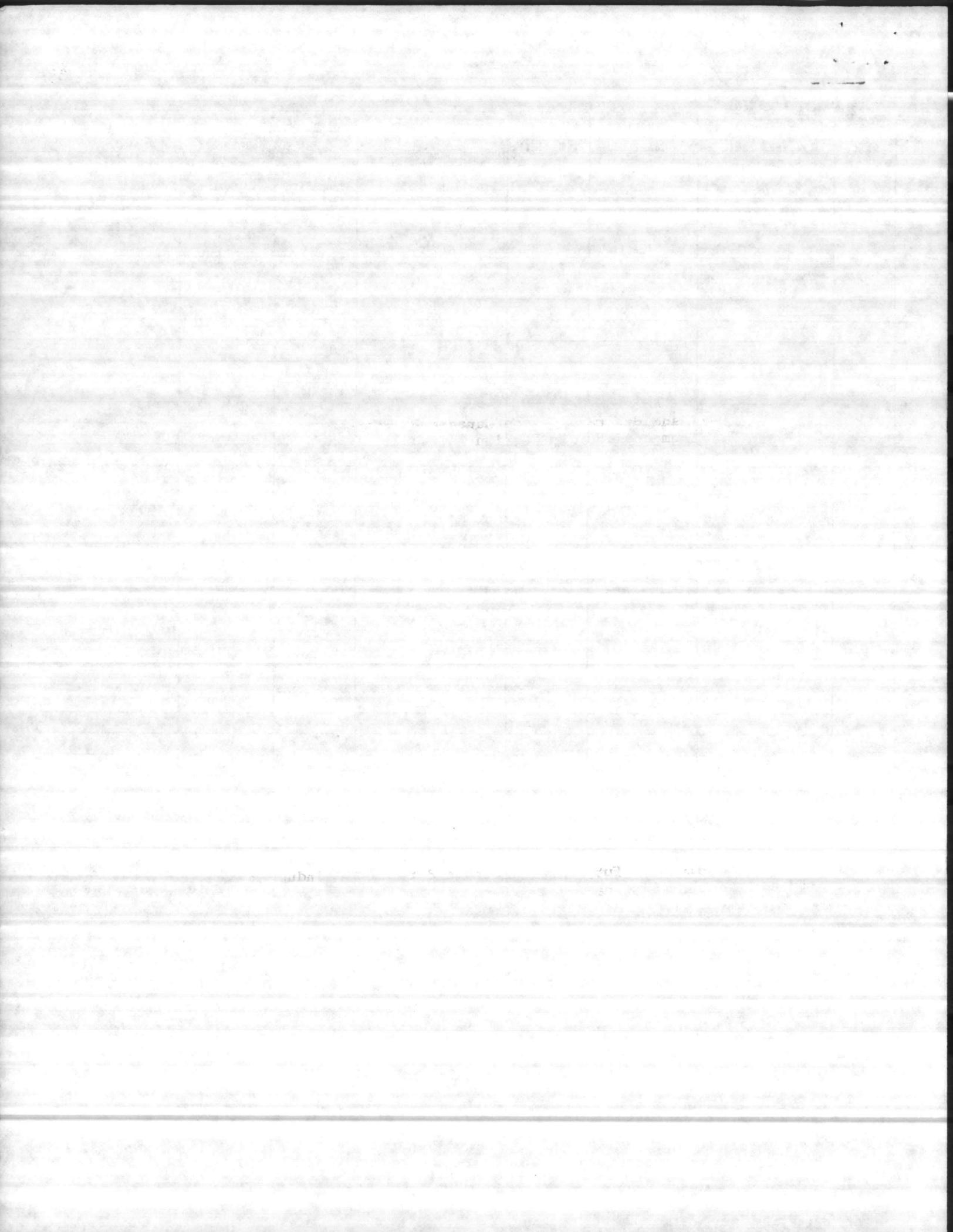
HS 3037 (Revised 1-86)
Solid & Hazardous Waste Mgt. Branch



ATTACHMENT I

V. Waste Identification:

Line Number	A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Quantity Generated (LBS)	D. Amount of Waste by Handling Method				
				1. Handling Method Code	2. Quantity Stored**/Treated Disposed, or Recovered On-Site (LBS)	Shipped to off-Site Treatment, Disposal, or Recovery Facility		
						3. Handling Method Code	4. Quantity (LBS)	5. Facility EPA I.D. Number / Recovery Facility Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								





North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

January 31, 1986

Ronald H. Levine, M.D., M.P.H.
State Health Director

MEMORANDUM

TO: North Carolina Off-Site Treaters, Storers, or Disposers (TSD's)
of Hazardous Waste

FROM: William L. Meyer, Head *WLM*
Solid and Hazardous Waste Management Branch
Environmental Health Section

SUBJECT: Notice of Annual Report Under N. C. Hazardous Waste
Management Program

On or before March 1, 1986 each facility that stores, treats, or disposes of hazardous waste shall submit an annual report to the Solid and Hazardous Waste Management Branch as required by NC Rule 10 NCAC 10F .0037 (40 CFR 264.75 and CFR 262.43). We will need this information in our office by March 1, 1986. A copy of the report form is attached. This annual report shall cover the period January 1, 1985 to December 31, 1985.

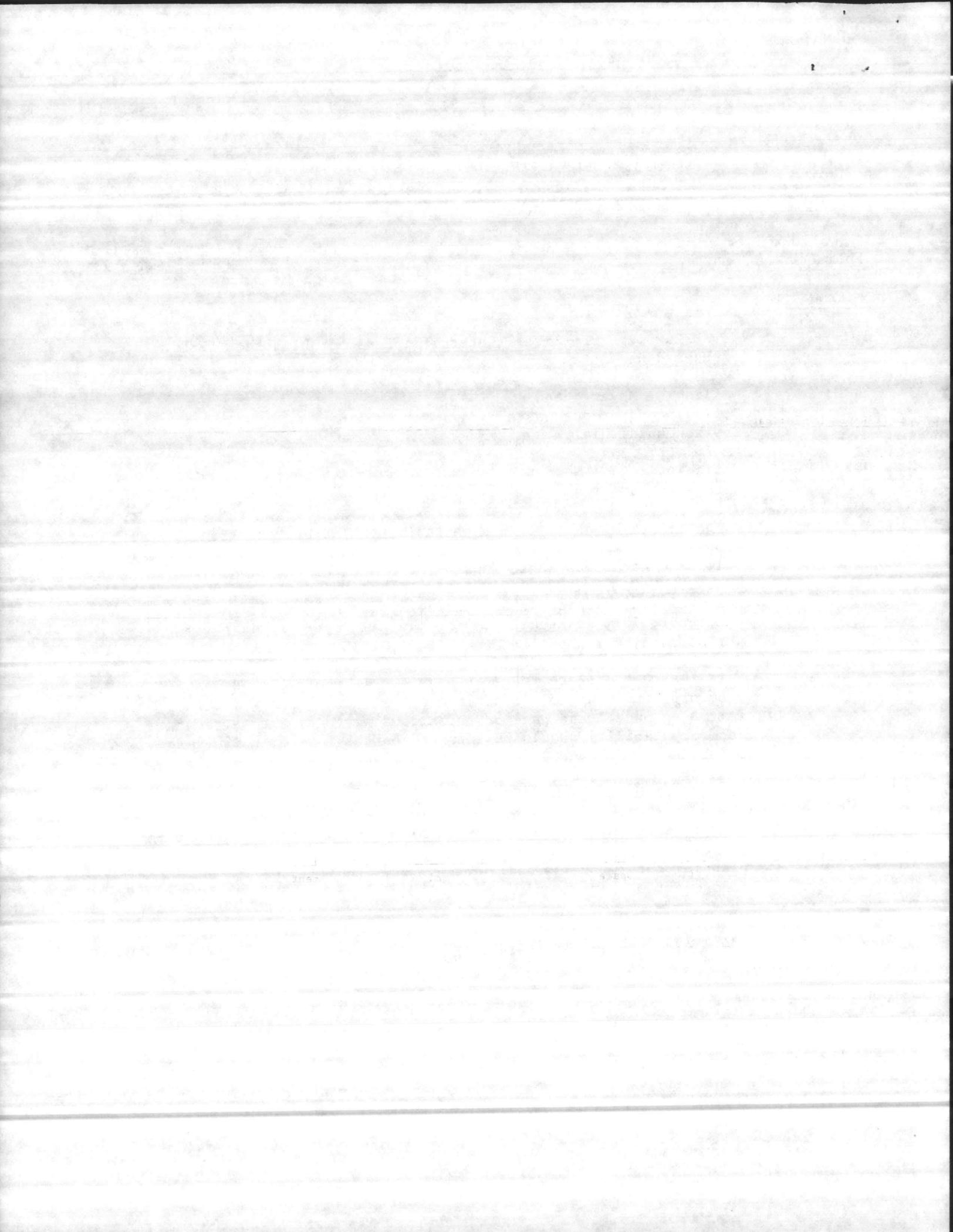
Form instructions are found on page 4. If you received waste from off site sources without a manifest, check blank labeled Part D on page 1 and page 3. Hazardous waste sent to a resource recovery facility should be reported on the form even if exempt under RCRA. For waste shipped in from out of state, we will need the EPA ID Number of the facility which sent the waste. Storage figures are as of December 31, 1985.

Data from the annual report will provide information required by the State and EPA. Annual report information will be used in planning for future facilities and to assist industry in the management of hazardous waste.

If there are questions call Emil Breckling or William Paige at (919) 733-2178 for assistance.

OWS/EB:cew 0353A

Attachment
DHS Form 3038



N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1985 HAZARDOUS WASTE OFF-SITE TSD FACILITY

ANNUAL PART C PART D REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operation In Your Co. That Generated The Waste

I. Installation EPA ID Number:

II. Name of Installation: _____

III. Location of Installation: _____
(Street or Route Number)

(City or Town) (County) (State) (Zip Code)

IV. Installation Contact: _____
(Name) (Area Code) (Phone Number)

V. Waste Identification:

Line Number	A. EPA Waste No	B. Description of Waste/Chemical Name	C. Amount of Waste by Handling Method			Shipped to Off-Site Treatment, Disposal, or Recovery Facility			
			1. Handling Method Code	2. Quantity Stored**, Treated, Disposed, or Recovered By Source of Waste		3. EPA ID No./ of Generator that shipped Waste to Your Facility	4. Handling Method Code	5. Quantity (LBS)	6. Facility EPA ID./ Recovery Facility Name
				(a) From In-State (LBS)	(b) From Out-of-State (LBS)				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

(If more space is needed check ___ and complete Attachment 1)

VI. Comments: _____

VII CERTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment.

(Signature)

(Print or Type Name)

(Date signed)

VIII. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

(Signature)

(Print or Type Name)

(Date Signed)

*Read instructions before completing form.

**As of December 31, 1985.

DHS 3038 (Revised 1-86) Do. No. 0353A
Solid & Hazardous Waste Mgt. Branch

page 2

N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1985 HAZARDOUS WASTE OFF-SITE TSD FACILITY

ANNUAL PART C PART D REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operation In Your Co. That Generated The Waste 2 5 1 1

I. Installation EPA ID Number: N C D 8 6 5 4 3 2 8 9 6
 II. Name of Installation: LITTLE CITY HAZARDOUS WASTE FACILITY
 III. Location of Installation: 500 INDUSTRIAL DR.
 (Street or Route Number)

LITTLE CITY ASH N. C. 27612
 (City or Town) (County) (State) (Zip Code)

IV. Installation Contact: P. L. GLOVER 704 823-6852
 (Name) (Area Code) (Phone Number)

V. Waste Identification:

Line Number	A. EPA Waste No	B. Description of Waste/Chemical Name	C. Amount of Waste by Handling Method		3. EPA ID No. / of Generator that shipped Waste to Your Facility	Shipped to Off-Site Treatment, Disposal, or Recovery Facility			
			1. Handling Method Code	2. Quantity Stored**, Treated, Disposed, or Recovered By Source of Waste		4. Handling Method Code	5. Quantity (LBS)	6. Facility EPA ID./ Recovery Facility Name	
				(a) From In-State (LBS)					(b) From Out-of-State (LBS)
1	D001	Ignitable Solids							
2		From Furn. Finishing	S01	14,000	NCQ000986812				
3	D001	Liquids From							
4		Furn. Finishing	T03	140,000	TND985643218				
5	D001	Liq. From Furn.							
6		Finishing	S01	5,000	NCQ008601111				
7	D001	Incinerator							
8		Ash				D80	500	SCD986543283	
9									
10									
11									
12									

EXAMPLE

(If more space is needed check ___ and complete Attachment 1)

VI. Comments: NONE

VII CERTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment.

P. L. Glover

(Signature)

P.L. GLOVER

(Print or Type Name)

2/10/86

(Date signed)

VIII. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

P. L. Glover

(Signature)

P.L. GLOVER

(Print or Type Name)

2/10/86

(Date Signed)

*Read instructions before completing form.

**As of December 31, 1985.

DHS 3038 (Revised 1-86) Do. No. 0353A
Solid & Hazardous Waste Mgt. Branch

Important: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Purpose: This form will provide N. C. with information needed for EPA reports and to manage hazardous wastes

Mailing: One copy to - Solid and Hazardous Waste Management Branch
N. C. Department of Human Resources
P. O. Box 2091
Raleigh, NC 27602

Be sure to complete the proper form.

DHS FORM 3036

(Part A): GENERATOR ONLY ANNUAL REPORT - For generators who ship their waste off-site. (Excludes generators that treat, store, or dispose of waste on site)

DHS FORM 3037

(Part B): GENERATOR AND ON-SITE TSD FACILITY ANNUAL REPORT - For generators and owners or operators of on-site facilities that treat, store, or dispose of hazardous waste. (Facility owners or operators that treat, store, or dispose of hazardous waste from off site sources should complete DHS form 3038.)

DHS FORM 3038

(Part C): OFF-SITE TSD FACILITY ANNUAL REPORT - For owners or operators of facilities that treat, store, or dispose of hazardous waste from off-site sources.

DHS FORM 3038

(Part D): UNMANIFESTED WASTE REPORT - For facility owners or operators who accept for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest.

DHS FORM 3038

(Part C Form)

Check Part C

SECTION IV.

Installation Contact:

Enter the name and telephone number of the person who may be contacted regarding information contained in this report.

SECTION V.

Waste Identification:

All information in this section must be entered by line number. Each line entry will describe the total annual amount of each waste.

SECTION V-A

EPA Hazardous Waste Number:

For listed wastes, enter the EPA Hazardous Waste Number from 40 CFR Part 261, Subpart D, which identifies the waste.

For a mixture of more than one listed waste, enter each of the applicable EPA Hazardous Waste Numbers. If more space is needed, continue on the next line(s) and leave all other information on that line blank.

For unlisted hazardous wastes, enter the EPA Hazardous Waste Numbers from 40 CFR Part 261, Subpart C, applicable to the waste. If more space is required, follow the procedure described above.

SECTION V-B

Description of Waste:

For hazardous wastes that are listed under 40 CFR Part 261, Subpart D, enter the EPA listed name, abbreviated if necessary. Where mixtures of listed wastes were shipped, enter the description which you believe best describes the waste.

For unlisted hazardous waste identified under 40 CFR Part 261, Subpart C, enter the description which you believe best describes the waste. Include the specific manufacturing or other process operating the waste, (e.g., green sludge from widget manufacturing) and, if known, the chemical or generic chemical name of the waste.

100

SECTION V-C.1.

Handling Method:

Enter the handling code(s) listed below that most closely represent the technique(s) used to treat, store, dispose, or recover the hazardous waste.

Enter one EPA handling code for each waste line entry. Where several handling steps have occurred during the year, report only the handling code representing the waste's status at the end of the reporting year or its final disposition.

Storage (Indicate volume (in LB's) remaining at your site December 31, 1985.)

- S01 Containers (barrel, drum, etc.)
- S02 Tank
- S03 Waste Piles
- S04 Surface impoundment
- S05 Other specify

Treatment

- T01 Treatment in a tank
- T02 Treatment in a surface impoundment
- T03 Incineration
- T04 Chemical Treatment
Examples
Adsorption
Chemical fixation
Chemical oxidation
Chemical precipitation
Chemical reduction
Chlorination
Cyanide destruction
Degradation
Ion exchange
Neutralization

- T06 Biological Treatment
Examples
Activated sludge
Aerobic lagoon
Aerobic tank
Anaerobic lagoon
Composting
Thickening filter
Trickling filter
Waste stabilization pond
- T07 Other specify _____

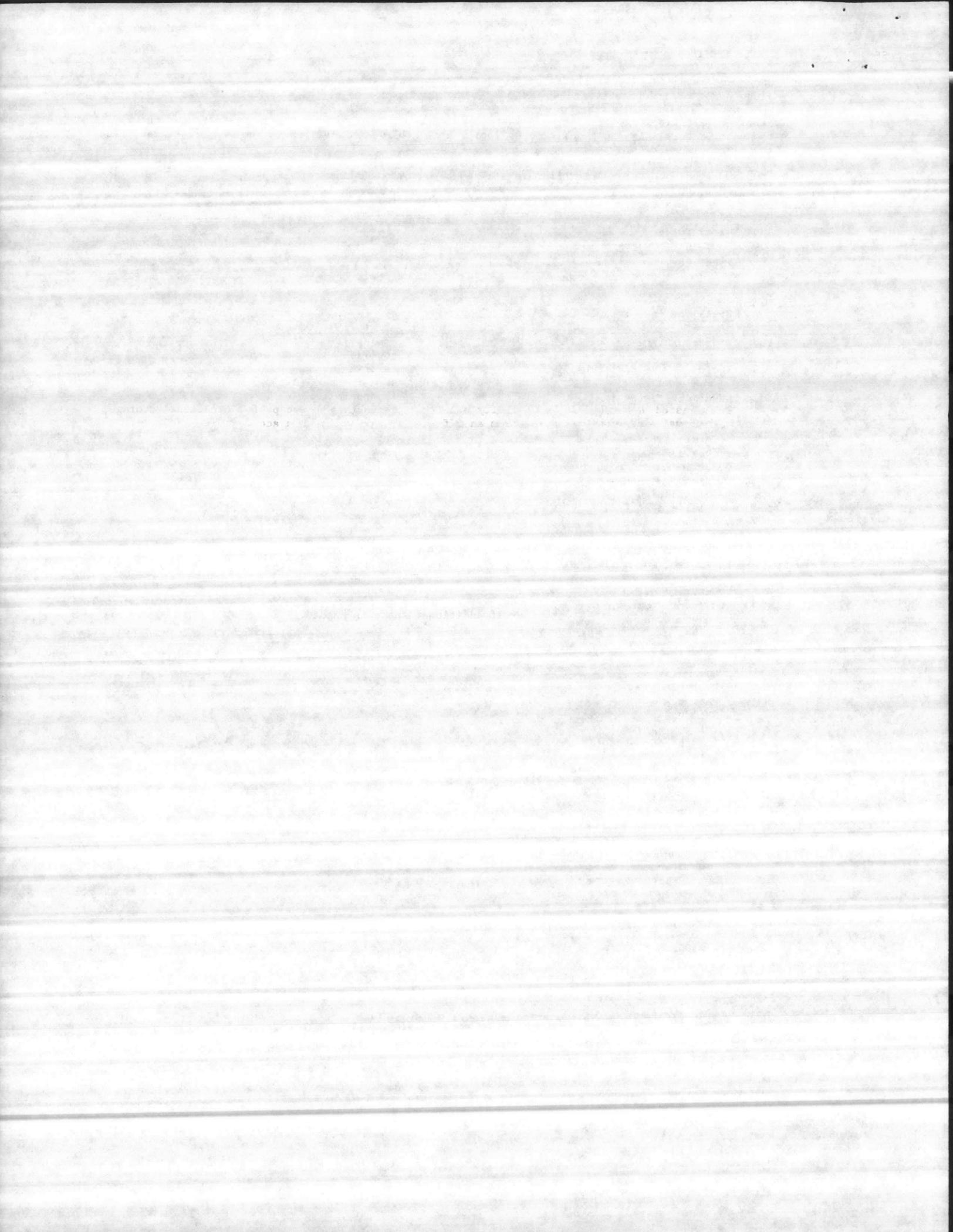
- T05 Physical Treatment
Examples
Centrifugation
Clarification
Coagulation
Decanting
Encapsulation
Filtration
Flocculation
Flotation
Foaming
Sedimentation
Thickening
Absorption-molecular sieve
Activated carbon
Blending
Crystallization
Distillation
Electrolysis
Evaporation
High gradient magnetic separation
Leaching
Liquid ion exchange
Liquid-liquid extraction
Stripping
Sand filter

- Disposal
- D80 Landfill
 - D84 Other specify _____

- Resource Recovery
- R01 Resource recovery
(include also unmanifested waste exempt from RCRA)

SECTION V-C.2(a) Quantity Stored, Treated, Disposed, or Recovered:
Enter the amount of waste you stored, treated, disposed, or recovered (from in-state).

SECTION V-C.2(b) Quantity Stored, Treated, Disposed, or Recovered:
in V-C.3. Enter the amount of waste you stored, treated, disposed, or recovered by source (ID number) (from out-of-state)
Enter in V-C.3. the EPA ID Number of the generator which sent the waste described in V-A to your facility. (A separate line must be used for each generator which sent your facility hazardous waste.)
Add an (X) to end of ID Number if this is a company/corporation owned generator (example NCD986854312 (X)).



- SECTION V-C.3 Enter EPA ID Number of generator that sent waste to your facility.
- SECTION V-C.4 Handling Method:
Enter the handling code(s) from V-C.1 that most closely represent the technique(s) used to the treat, store, dispose or recover the hazardous waste.
- SECTION V-C.5 Quantity Shipped:
Enter the amount of waste shipped to off-site TSD or Recovery facility.
- SECTION V-C.6. TSD Facility EPA Identification number /Resource Recovery Facility Name:
Enter the EPA identification number of the facility or Resource Recovery facility name to which you sent the waste described in V-A. (A separate line must be used for each facility to which you sent hazardous waste.)
Add an (X) to end of ID Number if this is a company/corporation owned facility (EXAMPLE: NCD986854312 (X)).
- SECTION VII Certification for volume & toxicity reduction: The owners or operator or his authorized representative must sign.
- SECTION VIII. Certification:
The owner or operator or his authorized representative must sign the report.

DHS FORM 3038

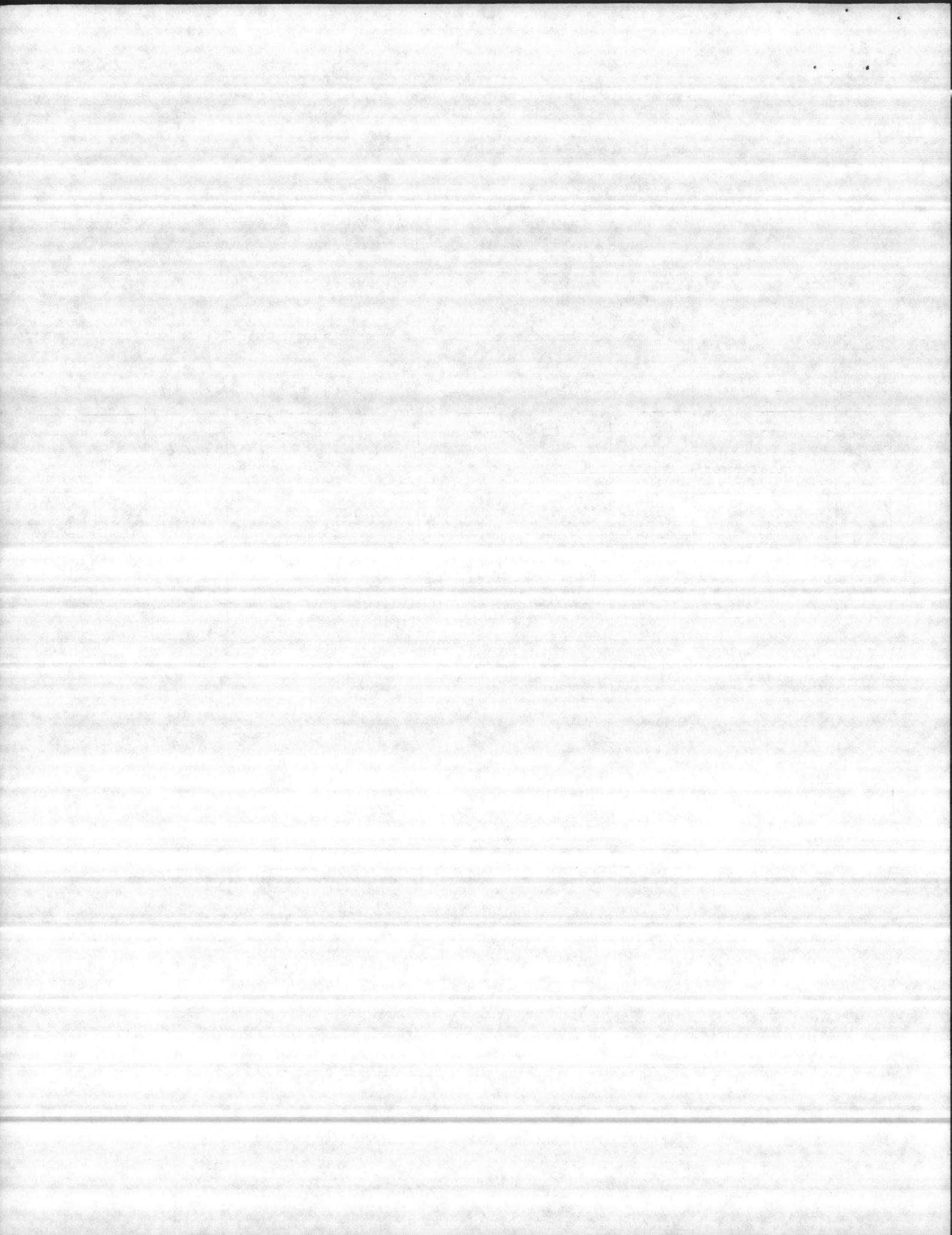
(Part D Form) Unmanifested Waste Report - Part D instructions (Check block Part D)

Unmanifested Waste Report for facility owners or operators who accept for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest.

For the Unmanifested Waste Report, complete except the; (1) blocks for which information is not available to the owner or operator of the reporting facility may be marked "UNKNOWN", and (2) the following special instructions apply:

SECTION VI Comments:

- a. Enter the EPA identification number, name and address of the transporter, if known. If the transporter is not known to you, enter the name of the driver and the state and license number of the transporting vehicle which presented the waste to your facility, if known.
- b. Enter an explanation of how the waste movement was presented to your facility; why you believe the waste is hazardous; and how your facility plans to manage the waste. Continue on a separate blank sheet of paper if additional space is needed.



ATTACHMENT I

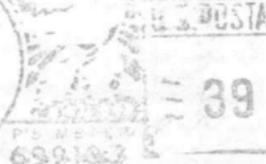
V. Waste Identification:

A. EPA Waste No	B. Description of Waste/Chemical Name	C. Amount of Waste by Handling Method			3. EPA ID No./ of Generator that shipped Waste to Your Facility	Shipped to Off-Site Treatment, Disposal, or Recovery Facility		
		1. Handling Method Code	2. Quantity Stored**, Treated, Disposed, or Recovered By Source of Waste			4. Handling Method Code	5. Quantity (LBS)	6. Facility EPA ID./ Recovery Facility Name
			(a) From In-State (LBS)	(b) From Out-of-State (LBS)				
1								
2								
3								
4								
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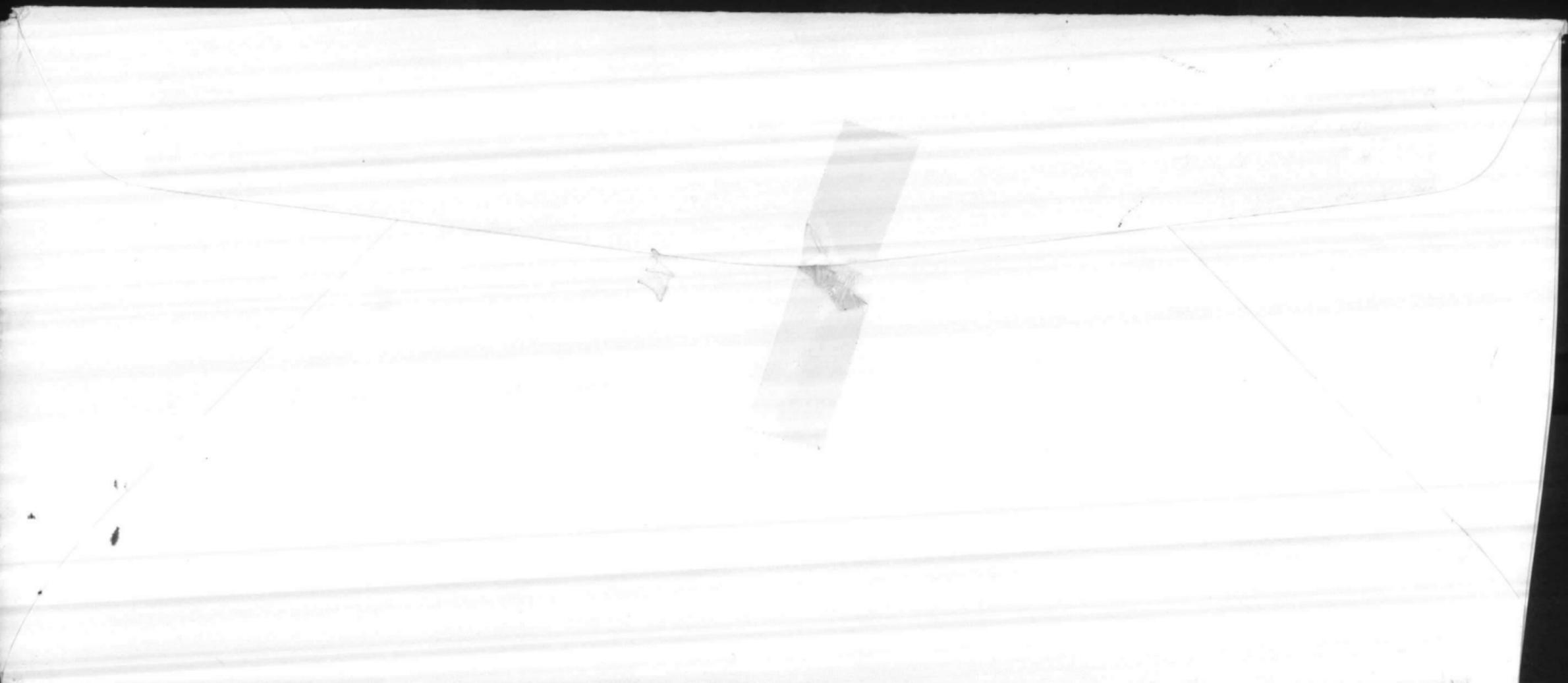
STATE OF NORTH CAROLINA
DIVISION OF HEALTH SERVICES
P.O. Box 2091
Raleigh, N.C. 27602-2091

**SAFETY
PAYS**



Mr. Danny Sharp
Commanding General
Marine Corp. Base
Camp Lejeune, NC 28542

ATTN: Dir. Natural Resources &
Envir. Affairs Div.



6280/2
FAC
4 MAR 1985

Mr. O. W. Strickland, Head
Solid and Hazardous Waste Management Branch
N.C. Department of Human Resources
P. O. Box 2091
Raleigh, NC 27602-2091

Re: Annual Report under N.C. Hazardous
Waste Management Program
NC 6170022870 - MCB, Camp Lejeune, NC
NC 6170022580 - MCAS(H), New River, NC

LIL
Dear Mr. Strickland:

The subject report is enclosed as requested by your letter of 2 January 1985. Reports are completed for the hazardous wastes generated and stored at the Marine Corps Base (MCB) facility. Further, the report is also enclosed for those wastes which are generated at the Marine Corps Air Station (Helicopter), New River and transported to the MCB facility for storage.

If you desire further information on this report, please contact Mr. Bob Alexander at the above address or 919-451-3034.

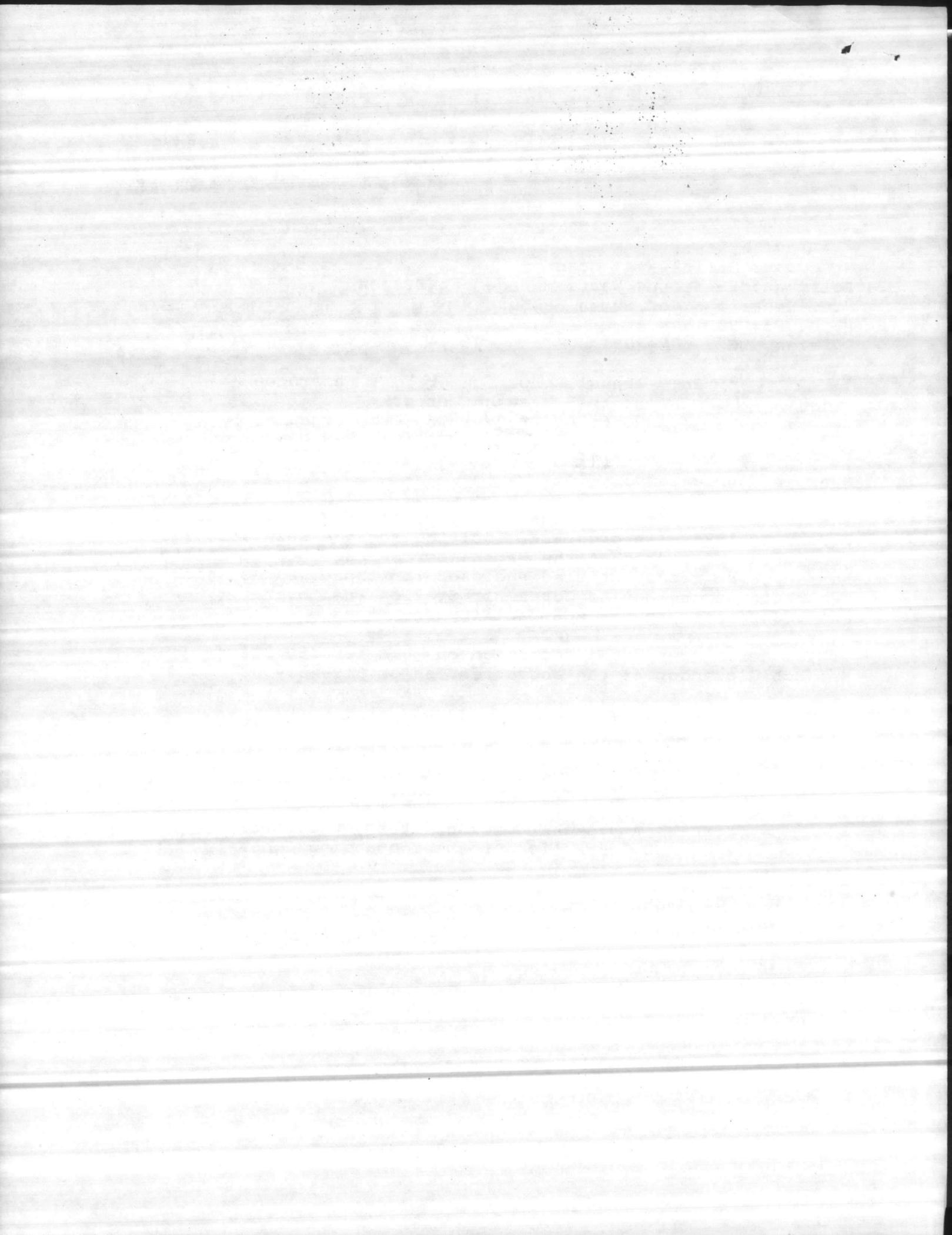
Sincerely,

M. G. LILLEY
Colonel, U.S. Marine Corps
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encl:

- (1) DHS Form 3036
- (2) DHS Form 3037 w/attach

Blind Cy to:
CO, MCAS(H), NR
AC/S, Log
DPDO
NREA
EnvEng



N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1984 HAZARDOUS WASTE GENERATOR ONLY ANNUAL (PART A) REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The Waste 9 7 1 1

Installation EPA ID Number: N C 6 1 7 0 0 2 2 5 7 0

Name of Installation: Marine Corps Air Station (Helicopter), New River

Location of Installation: Marine Corps Air Station (Helicopter), New River, Jacksonville, NC 28545
(Street or Route Number)

Camp Lejeune Onslow NC NC 28542
(City or Town) (County) (State) (Zip Code)

Installation Contact: Robert E. Alexander 919-451-3034
(Name) (Area Code) (Phone Number)

Waste Identification:

A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Quantity Generated (LBS)	D. Handling Method/Quantity/Location Waste Shipped to			E. In Storage December 31, 1984	
			1. Quantity Shipped to TSD or Recovery Facility (LBS)	2. TSD Facility EPA ID No./ Recovery Facility Name	3. Handling Method Code	1. Storage Method Code	2. Quantity (LBS)
FO05	Methyl/Ethyl acetone	120	120	NC6170022580	J01	N/A	120
DO01	Combustible Liquid N.O.S.	6160	6160	NC6170022580	J01	N/A	6160
DO01	Paint Remover	1760	1760	NC6170022580	J01	N/A	1760

if more space is needed check and complete attachment 1

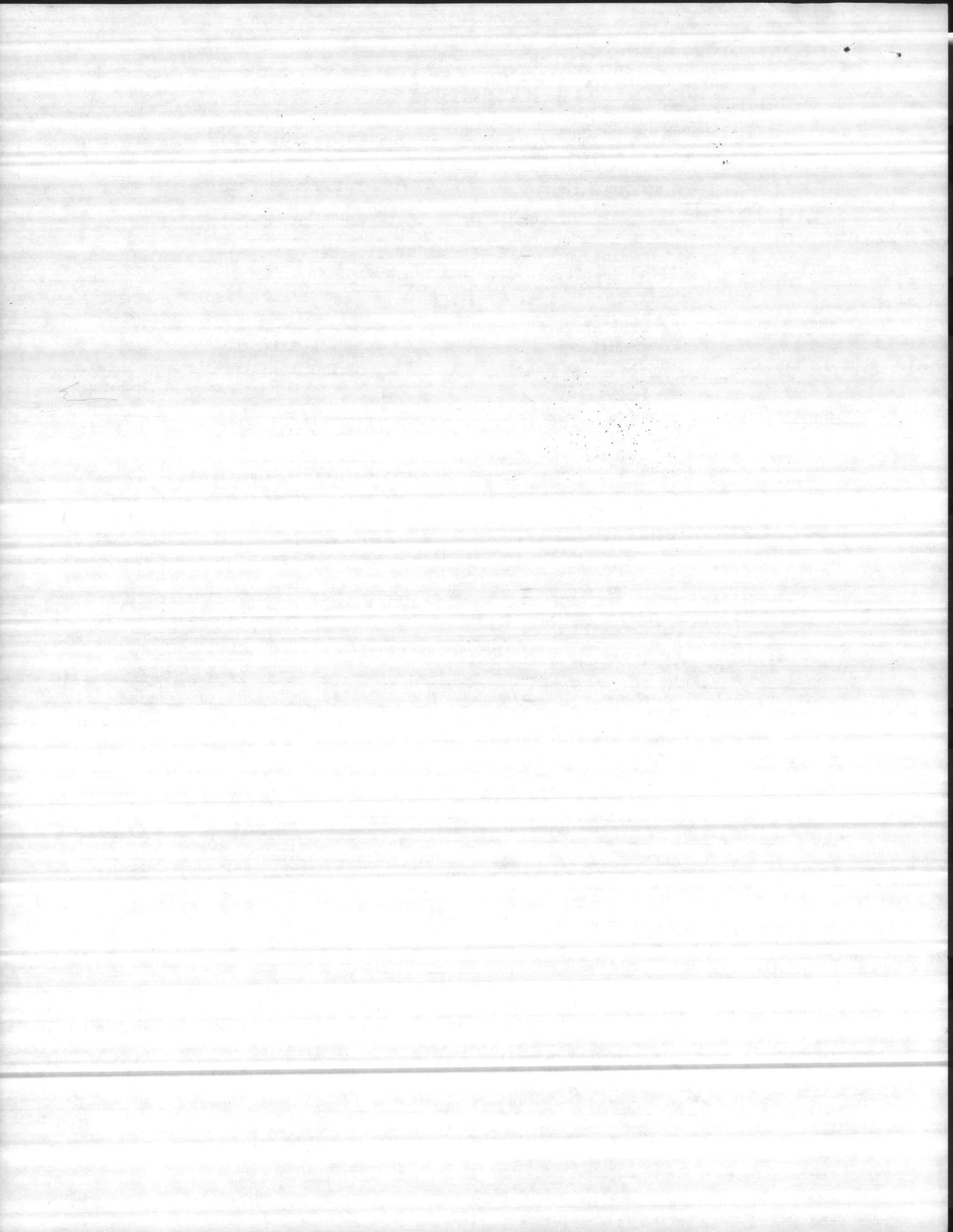
List EPA ID Numbers for each Transporter used during reporting year:
NC6170022580

II. Comments:

III. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

M. G. LILLEY, Colonel, USMC
(Signature) By direction of the Commanding General (Print or Type Name) 4 MAR 1985 (Date Signed)

*Read instructions before completing form



N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1984 HAZARDOUS WASTE GENERATOR THAT DOES ON-SITE
TREATMENT, STORAGE, OR DISPOSAL-TSD FACILITY
ANNUAL (PART B) REPORT*

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The

Waste 9 7 1 1

Installation EPA ID Number:

N C 6 1 7 0 0 2 2 5 8 0

Name of Installation:

Marine Corps Base

Location of Installation:

Camp Lejeune, NC 28542-5001

(Street or Route Number)

Camp Lejeune

Onslow

NC

28542

(City or Town)

(County)

(State)

(Zip Code)

Installation Contact:

Robert E. Alexander, OFC of AC/S, Facilities, 919-451-3034

(Name)

(Area Code)

(Phone Number)

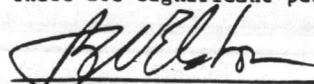
Waste Identification:

A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Quantity Generated (LBS)	D. Amount of Waste by Handling Method			
			1. Handling Method Code	2. Quantity Stored**/Treated Disposed, or Recovered On-Site (LBS)	3. Quantity (LBS)	4. Facility EPA ID No./Recovery Facility Name
U129	LINDANE	146	501	146	146	PAD980550479
U061	DDT	170	501	170	170	PAD980550479
U151	MERCURY SPILL RESIDUE	20	501	20	20	PAD980550479
FO01	TRICHLOROETHANE	7920	501	7920	7920	PAD980550479
FO03	PAINT THINNER W/XYLENE	440	501	440	440	PAD980550479
U151	METALLIC MERCURY	75	501	75	75	PAD980550479
FO03	XYLENE	800	501	800	800	PAD980550479
DO01	LITHIUM BATTERIES	8650	D003	8650	8650	NYD000632372
U076	1,1DICHLORETHANE	1750	501	1750	0	6170022580
U061	DDT	2	501	2	0	6170022580
FO03	XYLENE	500	501	500	0	6170022580
U122	FORMALDEHYDE	1	501	1	0	6170022580

(If more space is needed check and complete attachment 1)

I. Comments:

II. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.


(Signature)

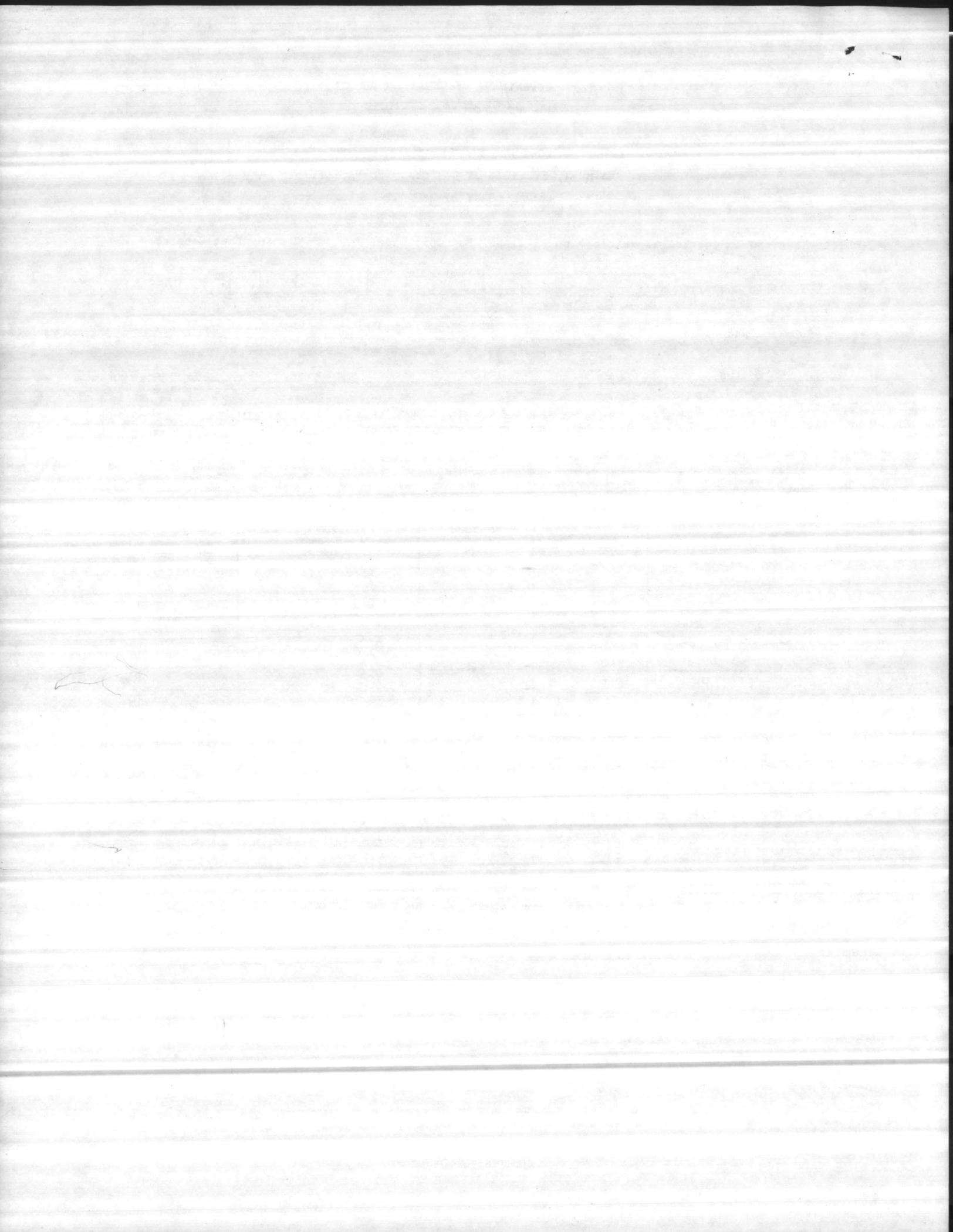
for M. G. LILLEY, Colonel, USMC
By direction of the Commanding General
(Print or Type Name)

4 MAR 1985

(Date Signed)

*Read instructions before completing form

**As of December 31, 1984



T-6240

FAC/REA/nn
6280

29 FEB 84

Mr. O. W. Strickland, Head
Solid and Hazardous Waste Management Branch
North Carolina Department of Human Resources
P.O. Box 2091
Raleigh, NC 27602-2091

Re: Annual Report under North Carolina
Hazardous Waste Management Program
NC 6170022570 - MCB, Camp Lejeune, NC
NC 6170022580 - MCAS(H), New River, NC

Dear Mr. Strickland:

The subject report is enclosed as requested by your letter of 13 January 1984. Reports are completed for the hazardous wastes generated and stored at the Marine Corps Base (MCB) facility. Further, the report is also enclosed for those wastes which are generated at the Marine Corps Air Station (Helicopter), New River and transported to the MCB facility for storage.

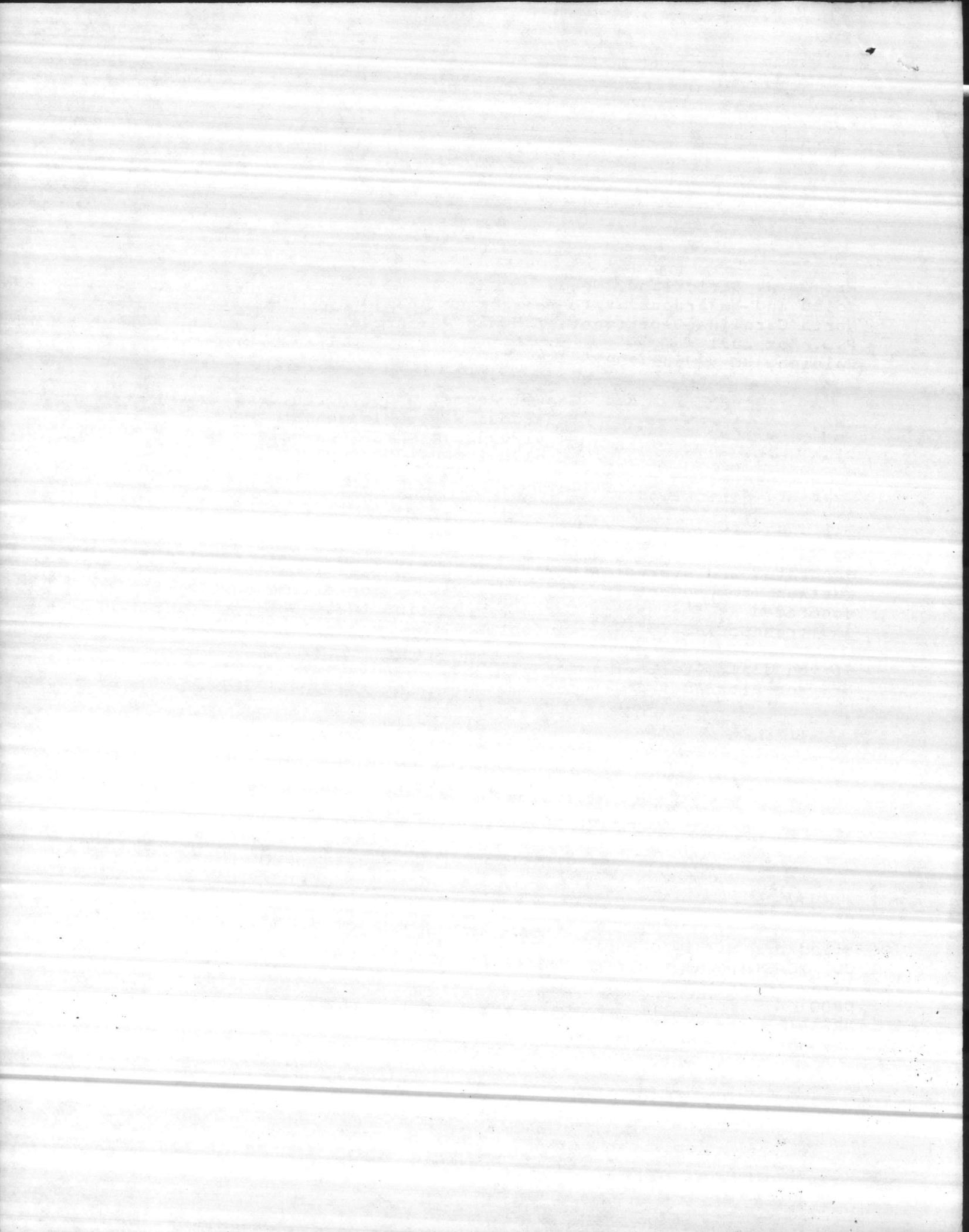
If you desire further information on this report, please contact Mr. Bob Alexander at the above address or (919) 451-3034.

Sincerely,

M. G. LILLEY
Colonel, U.S. Marine Corps
Assistant Chief of Staff, Facilities
By direction of Commanding General

Encls

Blind cys to: (w/o encl)
CO, MCAS(H), NR
AC/S, Log
DPDO
NREAD
EnvEng



N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1983 HAZARDOUS WASTE GENERATOR THAT DOES ON-SITE
TREATMENT, STORAGE, OR DISPOSAL-TSD FACILITY
ANNUAL (PART B) REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The Waste 9 7 1 1

I. Installation EPA ID Number: N C 6 1 7 0 0 2 2 5 7 0
 II. Name of Installation: Marine Corps Base (Attn: Office of AC/S, Facilities
 III. Location of Installation: Camp Lejeune, North Carolina 28542
 (Street or Route Number)

Camp Lejeune Onslow NC 28542
 (City or Town) (County) (State) (Zip Code)
 IV. Installation Contact: Robert E. Alexander (919) 451-3034
 (Name) (Area Code) (Phone Number)

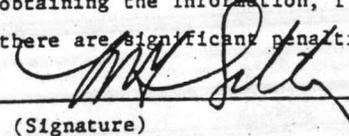
V. Waste Identification:

Line Number	A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Quantity Generated (LBS)	D. Amount of Waste by Handling Method				
				1. Handling Method Code	2. Quantity Stored**/Treated Disposed, or Recovered On-Site (LBS)	3. Quantity (LBS)		5. Facility EPA ID No./Recovery Facility Name
1	U129	Lindane	152	S01	152		0	6170022580
2	U061	DDT	96	S01	96		0	6170022580
3	F001	Trichloroethane	7920	S01	7920		0	6170022580
4	F003	Paint Thinner w/xylene	440	S01	440		0	6170022580
5	U151	Metallic Mercury	75	S01	75		0	6170022580
6	D001	Lithium Batteries	7646	D003	4030	4978	0	WID9807913
7	U151	Mercury Spill Residue	20	S01	20		0	6170022580
8								
9								
10								
11								
12								

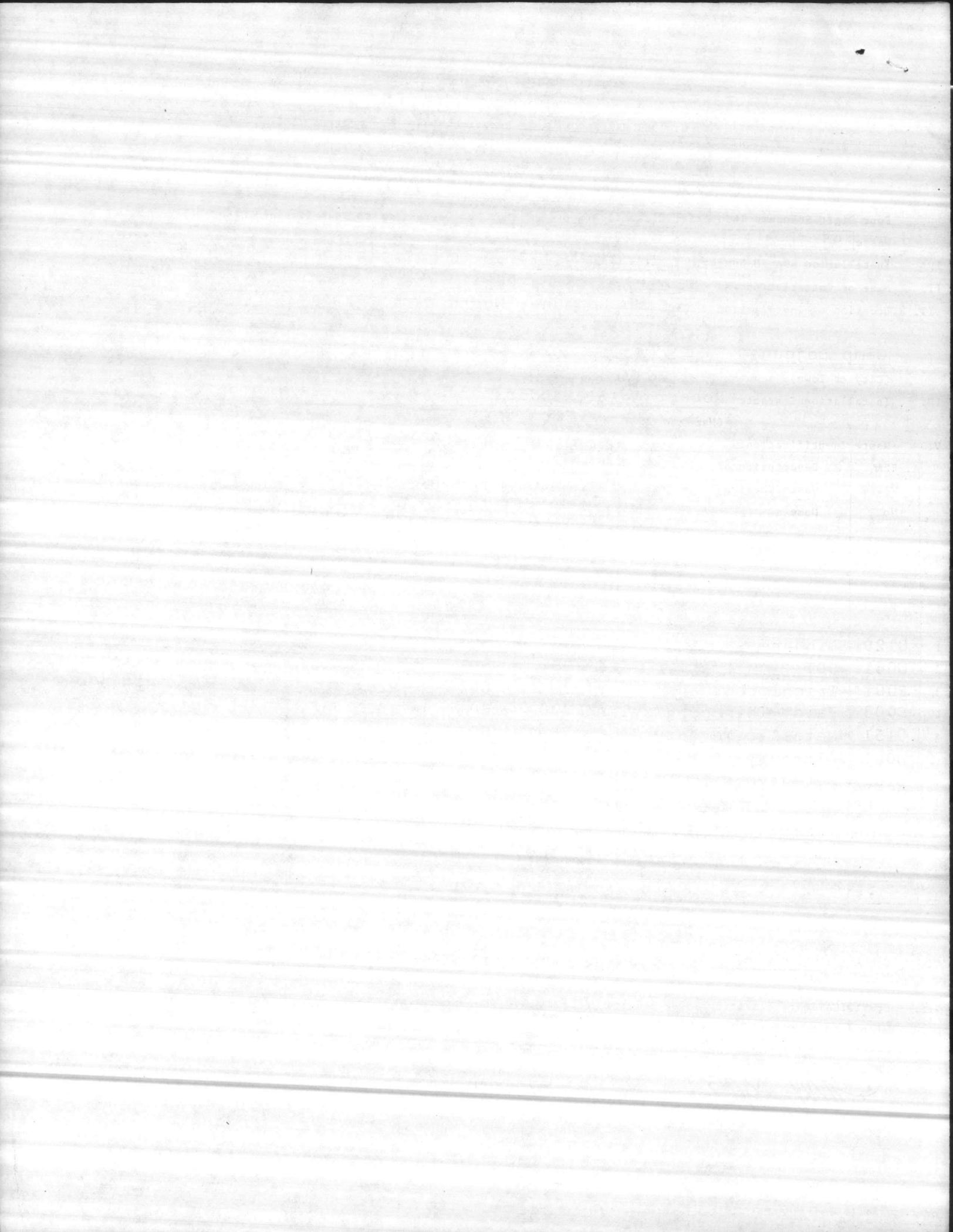
(If more space is needed check ___ and complete attachment 1)

VI. Comments: Line #6, 4798 lbs shipped includes 1362 lbs generated in 1982

VII. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

 M. G. LILLEY, Colonel, U.S. Marine Corps 29 FEB 83
 (Signature) (Print or Type Name) (Date Signed)

*Read instructions before completing form **As of December 31, 1983



N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1983 HAZARDOUS WASTE GENERATOR ONLY ANNUAL (PART A) REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The

Waste 9 7 1 1

I. Installation EPA ID Number: N C 6 1 7 0 0 2 2 5 8 0

II. Name of Installation: Marine Corps Base (Attn: Office of AC/S, Facilities)

III. Location of Installation: Marine Corps Air Station (Helicopter), New River
(Street or Route Number)

Camp Lejeune Onslow NC 28545
(City or Town) (County) (State) (Zip Code)

IV. Installation Contact: Mr. Robert E. Alexander (919) 451-3034
(Name) (Area Code) (Phone Number)

V. Waste Identification:

Line Number	A. EPA Waste No.	B. Description of Waste/Chemical Name	C. Handling Method/Quantity/Location Waste Shipped to				D. In Storage December 31	
			1. Handling Method Code	2. Quantity Shipped to TSD or Recovery Facility (LBS)	3. % Water In Waste Shipped	4. TSD Facility EPA ID No./ Recovery Facility Name	1. Storage Method Code	2.
1	U129	Lindane	D81	28	0	TND 0895 58019	n/a	
2	U061	DDT	D81	50	0	TND 0895 58019	n/a	
3	F003	Xylene	501	800	0	6170022580	n/a	
4	F005	Methyl Isobutyl Ketone	501	2,000	0	6170022580	n/a	
5	F003	Lag Paint/Xylene	501	800	0	6170022580	n/a	
6	F002	Methylene Chloride	501	800	0	6170022580	n/a	
7	F005	Toluene	501	2,400	0	6170022580	n/a	
8								
9								
10								
11								
12								

if more space is needed check ___ and complete attachment 1

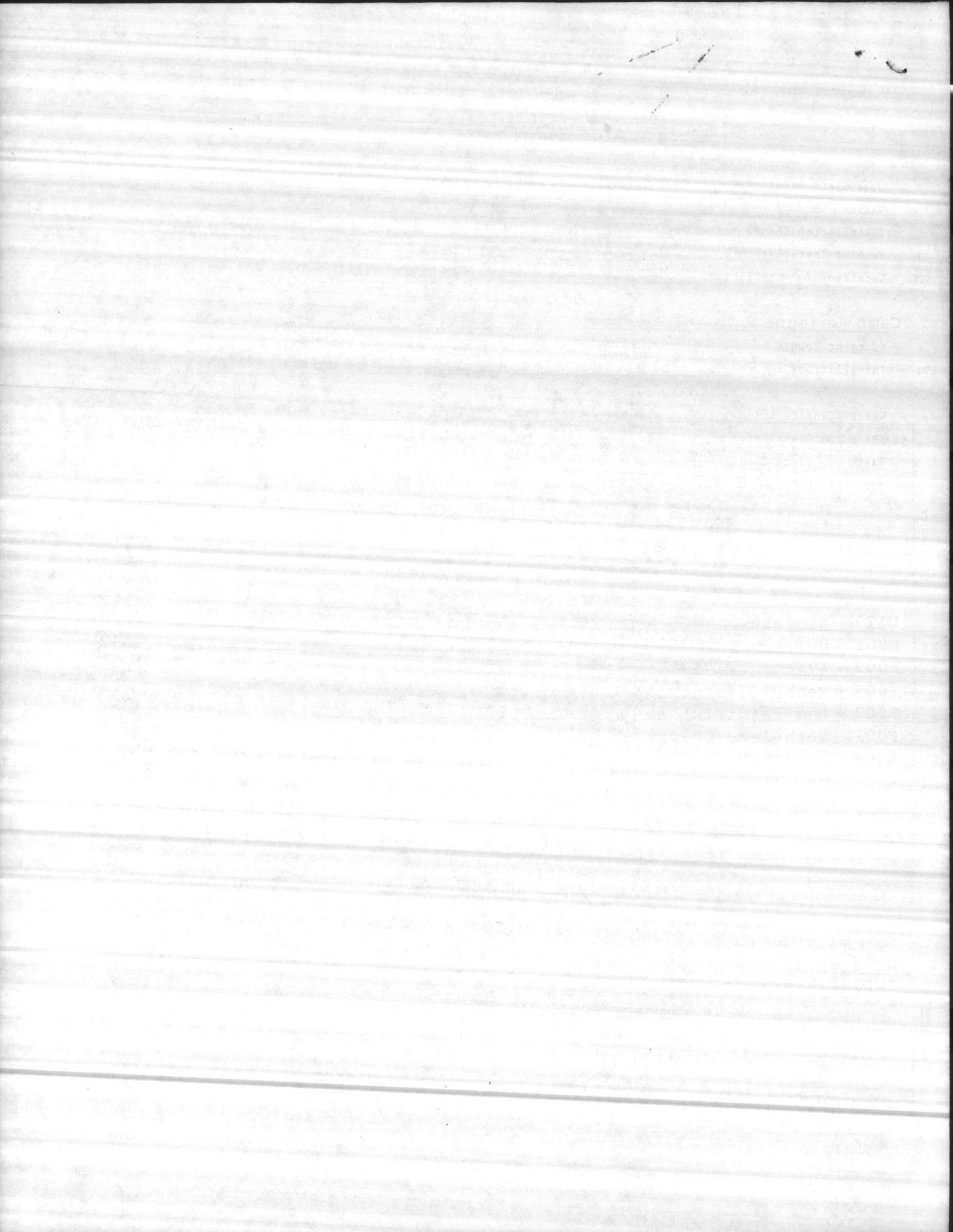
VI. List EPA ID Numbers for each Transporter used during reporting year:
NC 6170022580
TND089558019

VII. Comments: F002, Degreasing solvent (1200 lbs, non-regulated) incorrectly rptd

VIII. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

M. G. Lilley M. G. LILLEY, Colonel, U.S. Marine Corps
(Signature) (Print or Type Name) (Date)

*Read instructions before completing form



Memorandum

5800
SJA

JAN 23 1986

TE:

OM: Staff Judge Advocate, Marine Corps Base, Camp Lejeune

Director, Natural Resources and Environmental Affairs Division, Marine
Corps Base, Camp Lejeune

ia: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune: *subm 1/27/86*

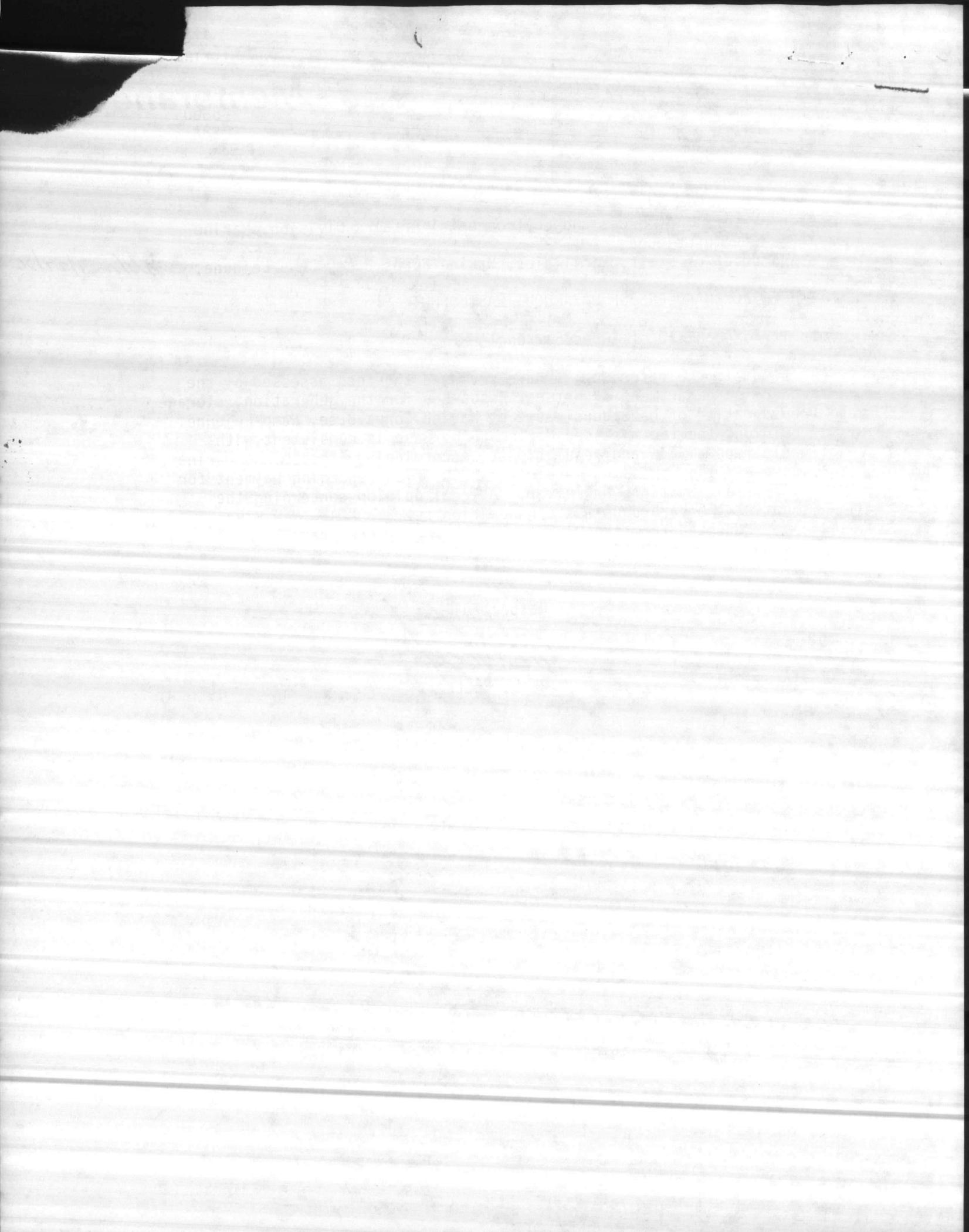
uj: STATE FEES FOR HANDLERS OF HAZARDOUS WASTE (HW)

ef: (a) Yr ltr 6240 NREAD of 30Dec85 w/enc1

1. Pursuant to the reference, I have reviewed the fees assessed by the North Carolina Department of Natural Resources for the generation, storage and transportation of hazardous waste by Marine Corps Base, Camp Lejeune. In my opinion, the fee assessed Marine Corps Base is consistent with applicable federal law and regulations. Accordingly, I recommend Marine Corps Base pay the assessment but offer no opinion regarding payment for Marine Corps Air Station, New River. A legal opinion concerning the assessment of the hazardous waste generation fee for MCAS, New River should be requested from the Director, Law Center, MCAS²-2dMAW or the Staff Judge Advocate, MCAS, Cherry Point.

Respectfully,

RL Vogel
R. L. VOGEL





North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

December 5, 1985

Ronald H. Levine, M.D., M.P.H.
State Health Director

MEMORANDUM

TO: North Carolina Generators; Transporters; and Treaters, Storers
or Disposers (TSD's) of Hazardous Waste.

FROM: William L. Meyer, Head *William L Meyer*
Solid & Hazardous Waste Management Branch
Environmental Health Section

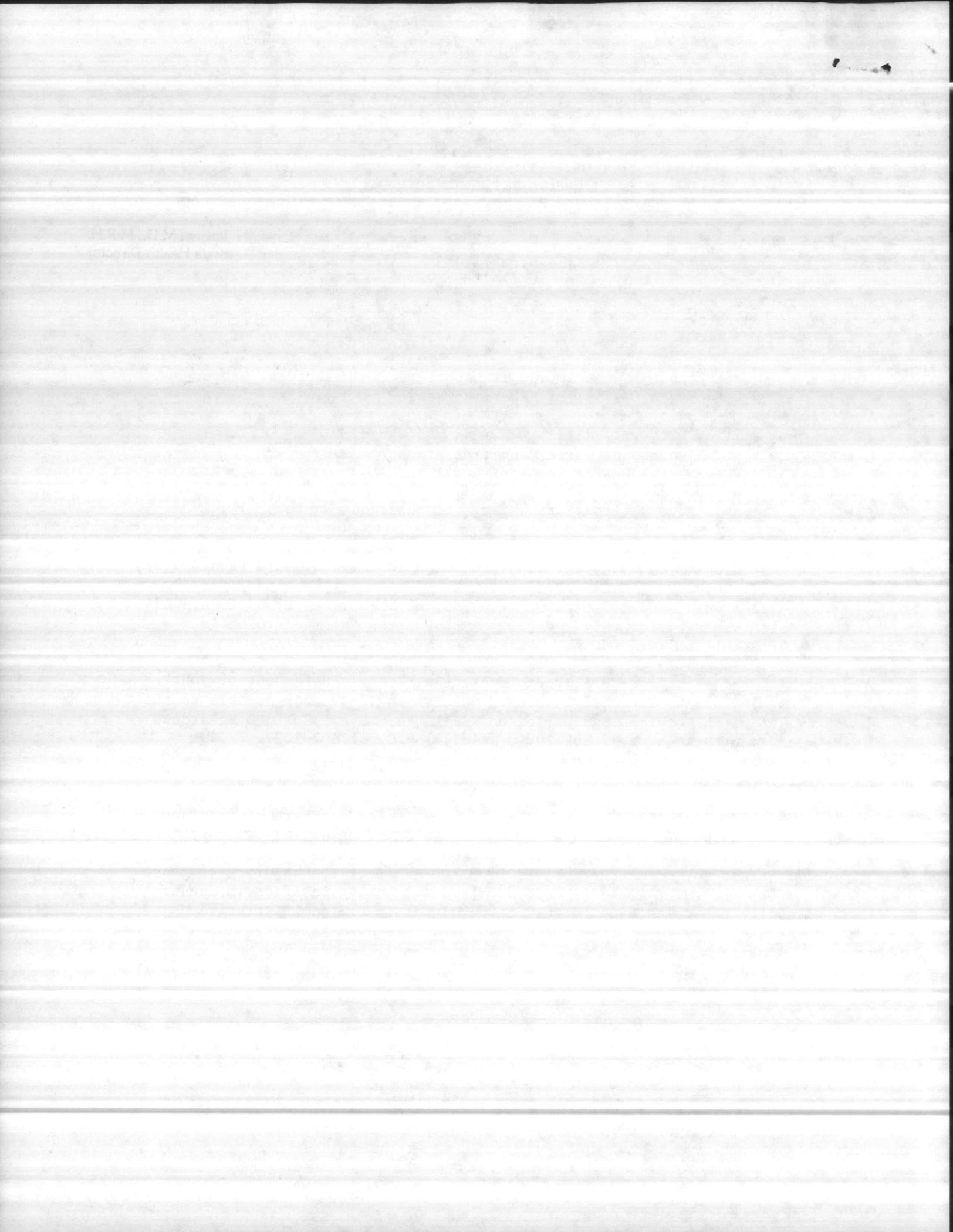
SUBJECT: Annual Fees Billing For Handlers of Hazardous Waste.

Effective January 1, 1986, all handlers of hazardous waste are required by administrative rule 10 NCAC 10C .0701 through .0704 to pay an annual fee . The above rules were adopted November 13, 1985, as authorized by GS 130A - 294 (a) (7) which was ratified July 3, 1985. A copy of the adopted rules is included with this billing.

One-half the annual fee will be collected in FY 86. The amount of your fee is included on the attached invoice. Checks should be made payable to the Division of Health Services and mailed to William L. Meyer, Solid & Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, N.C. 27602-2091

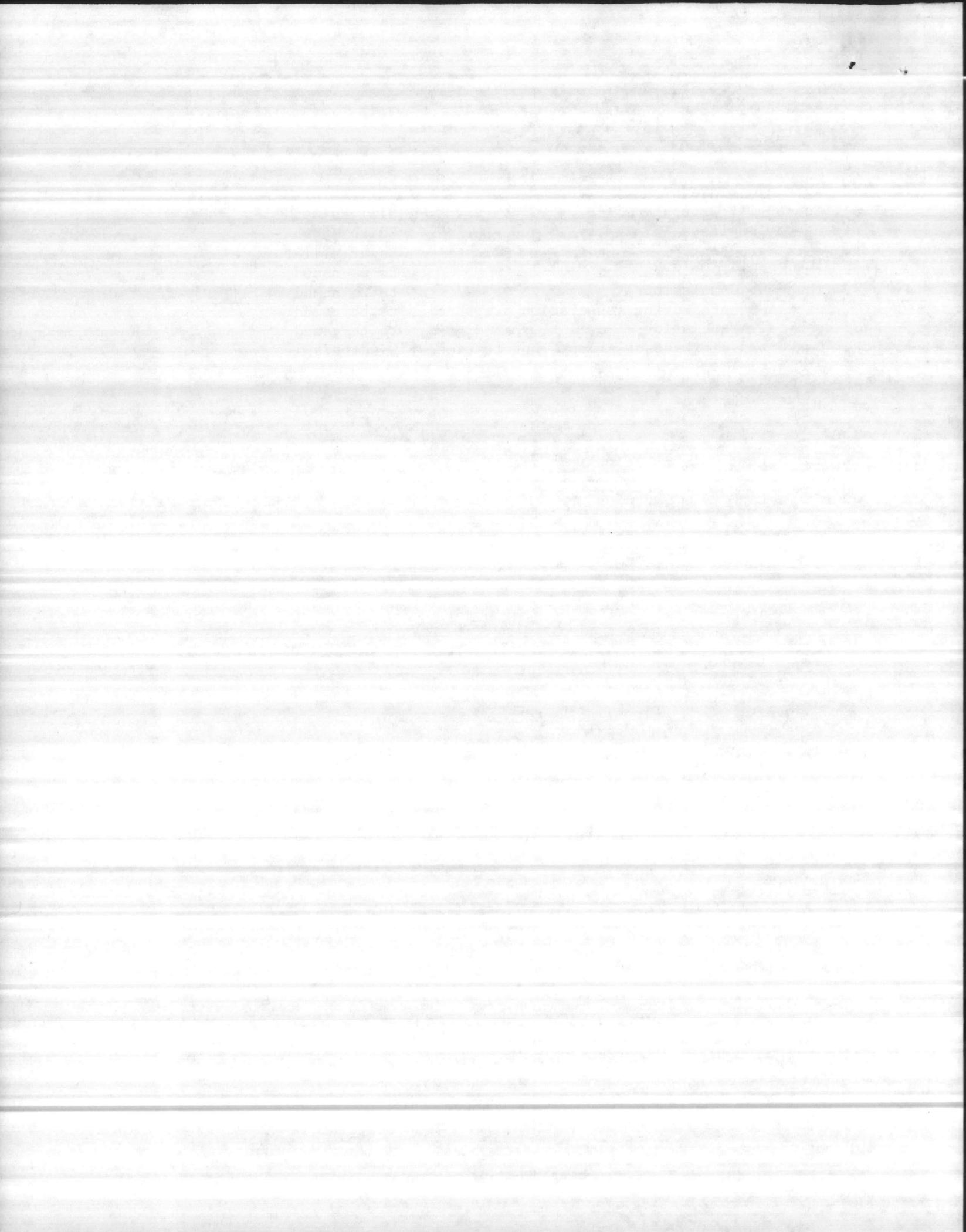
Public meetings were held by the N.C. Department of Human Resources October 23 in Greenville, October 24 in Hickory, and a public hearing was held October 25, 1985 in Raleigh on the annual fee rules for handlers of hazardous waste. Based on public comments at the meetings and the hearing and many written comments the final rules were modified considerably. The changes made directly reflect the comments received from the public. The majority of those commenting on the rules would like to submit a rulemaking petition in January 1986 to modify the rules even further as permitted in the administrative procedure rule 10 NCAC 4B. The Branch supports the rulemaking petition effort. Additional public meetings and hearings will be held and we anticipate that these rules will be modified prior to the next billing in July of 1986.

ENCL(1)



Revisions will be considered by a proposed committee in early January.
The committee is proposed to consist of:

	Representative
Solid & Hazardous Waste Management Branch	William L. Meyer
Rep. from Envir. Groups	Bill Holman
Citizens for Business & Industry	Edith Marsh
Gov. Waste Mgt. Board	Edgar Miller
Rep. from NRCD	to be named
H.W. Treatment Commission	to be named
N.C. Textile Manufacturing Association	to be named
N.C. Hospital Association	to be named
Other concerned citizens or groups, not to exceed 10 members	



10 NCAC 10C .0701 through .0704 have been adopted as follows:

Section .0700 ANNUAL FEES FOR HANDLERS OF HAZARDOUS WASTE

.0701 APPLICABILITY AND FEE SCHEDULE

(a) Any person who handles hazardous waste for which an identification number is required under 10 NCAC 10F is subject to annual fees for each activity as follows:

Generators	\$ 600.00
Transporters	600.00
Generators and Transporters	900.00
Treatment, Storage, and/or Disposal Facilities	1,200.00
Treatment, Storage, and/or Disposal Facilities that are also generators or transporters of hazardous waste.	1,200.00

(b) Small quantity generators, as defined in 10 NCAC 10F .0029, shall be exempt from these annual fee requirements.

History Note: Statutory Authority G. S. 130A-294(a)(7);
Eff. January 1, 1986.

.0702 PAYMENT OF FEES

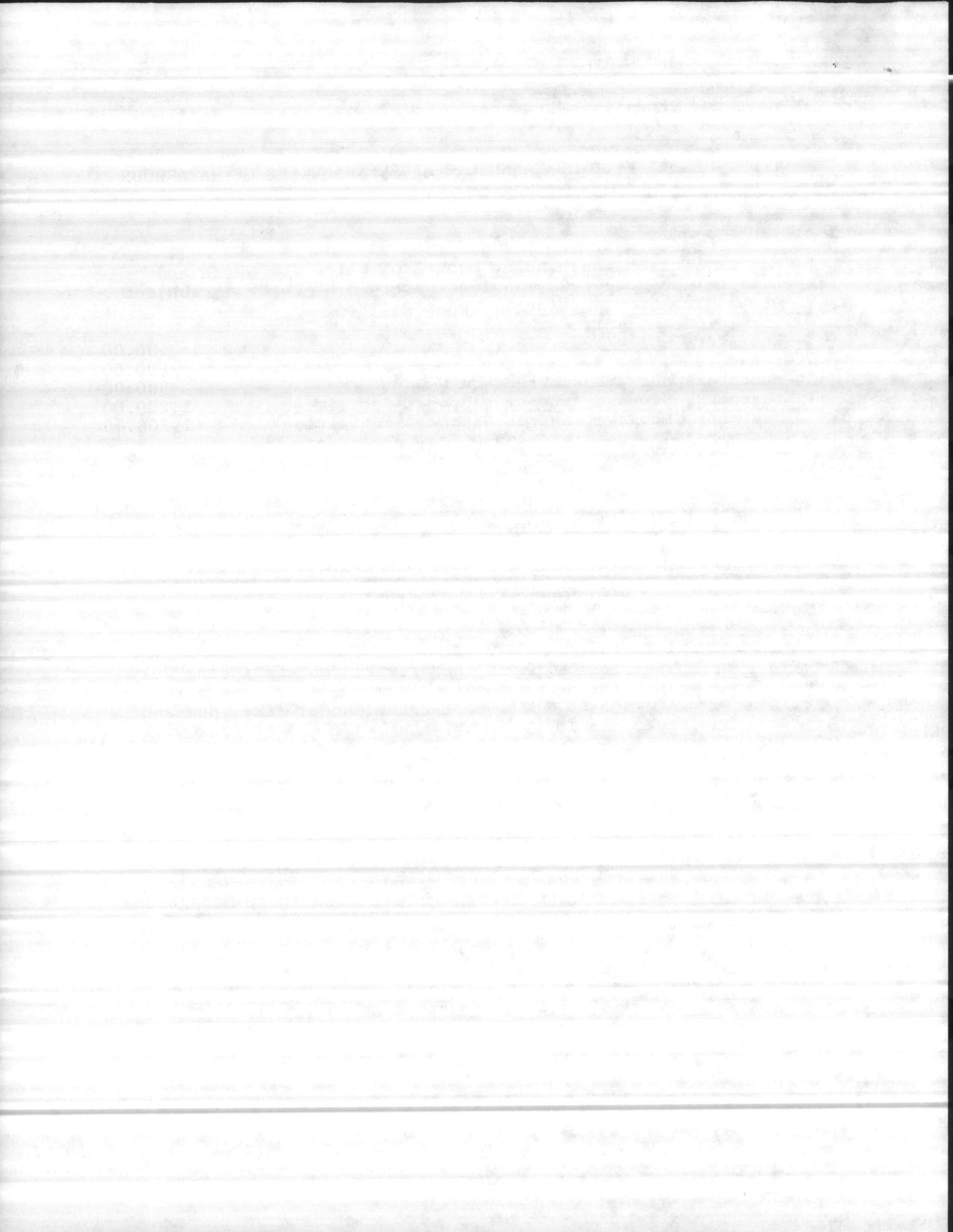
(a) The annual fee is based on a fiscal year beginning July 1 and ending June 30 the next calendar year. The annual fee for fiscal year 1985-86 shall be 1/2 the annual rate, due and payable on January 1, 1986. Thereafter, all annual fees will be due and payable on July 1 of each fiscal year.

(b) Any person notifying the Division of Health Services of hazardous waste handling or any person submitting a permit application for a treatment, storage or disposal facility, shall pay the appropriate annual fee within 30 days of notification or receipt, by the Division, of the permit application.

(c) Check shall be made payable to the Division of Health Services and mailed to the Solid and Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, N. C., 27602-2091.

(d) All fees imposed by this section are nonrefundable.

History Note: Statutory Authority G.S. 130A-294(a)(7);
Eff. January 1, 1986.



.0703 APPEALS

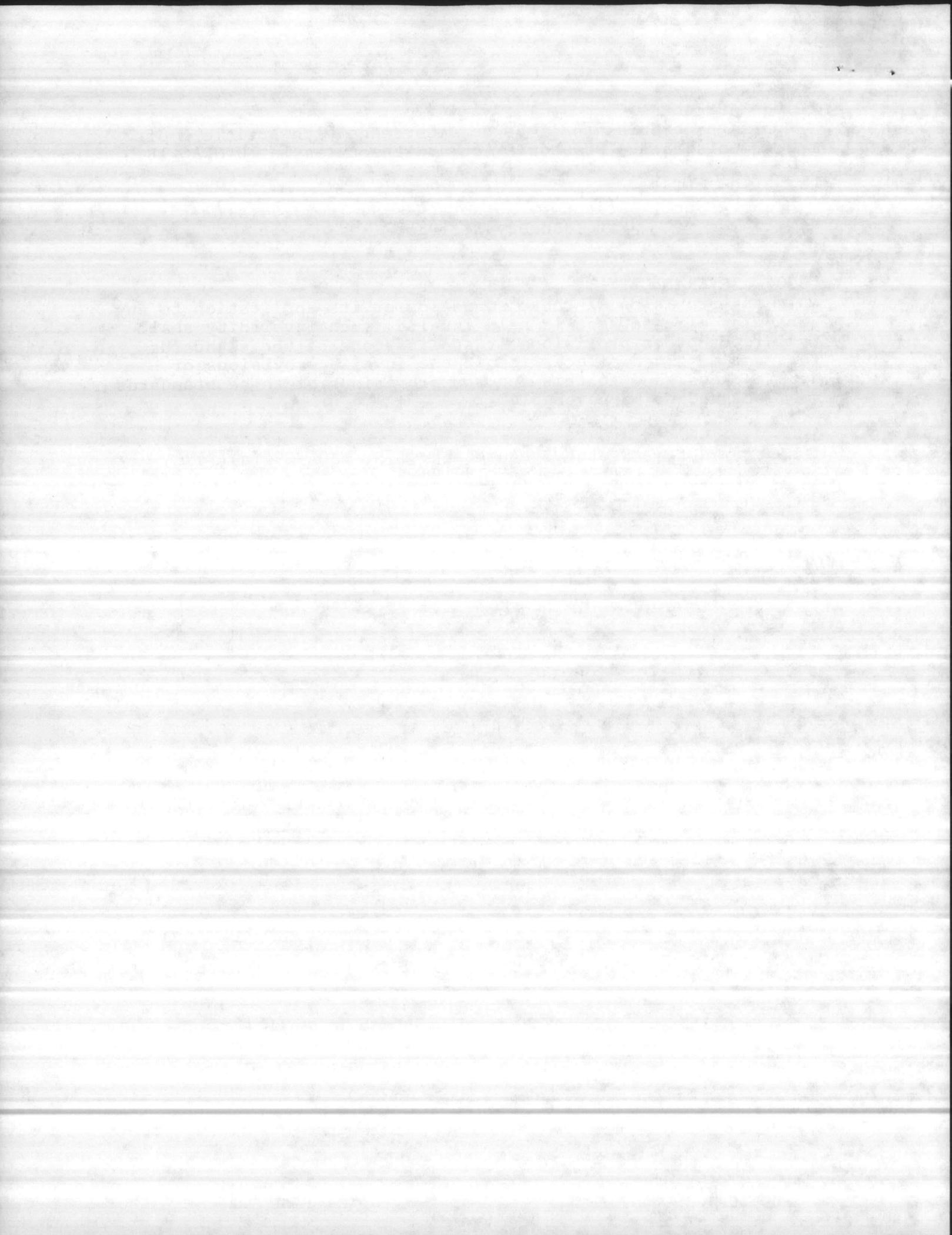
Appeal procedures shall be in accordance with Article 3 of the Administrative Procedure Act and the rules in 10 NCAC 1B.

History Note: Statutory Authority G.S. 130A-294(a)(7);
Eff. January 1, 1986.

.0704 SEVERABILITY

If any provision of these standards or its application to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the standards that can be given effect without the invalid provisions or applications, and to this end the provisions of these standards are declared to be severable.

History Note: Statutory Authority G.S. 130A-294(a)(7)
Eff. January 1, 1986.





North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director

December 10, 1985

INVOICE

N.C. Treater, Storer, or Disposer
and/or combined Hazardous Waste Facility.

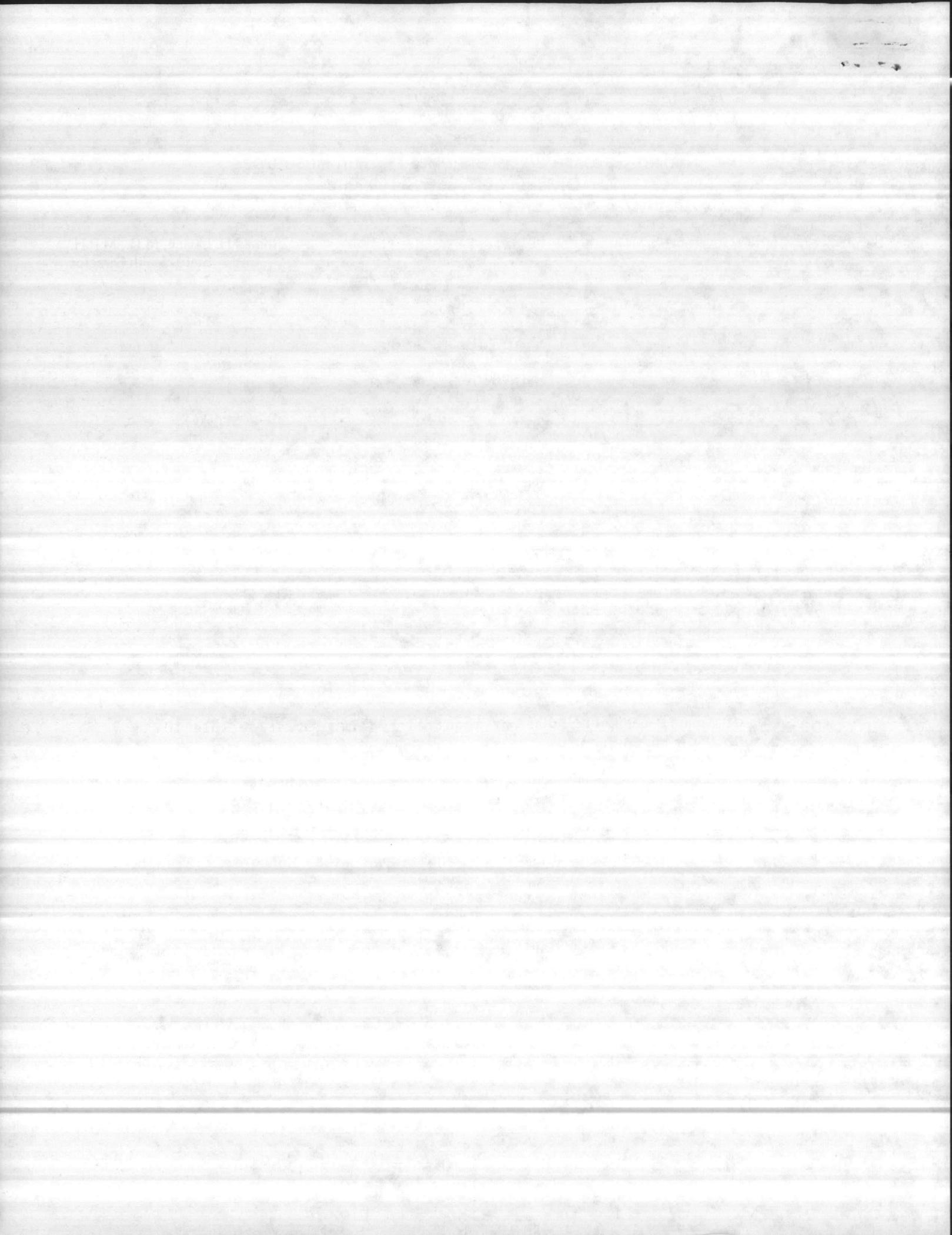
TO:

NC6170022580
Alexander, Bob Ecologist
US Marine Corps Base Camp LeJeune
Marine Corps Base
Camp LeJeune NC 28542

Amount of Annual fees due \$600, as required by Administrative Rule 10
NCAC 10C .0701 through .0704 .

PLEASE MAKE CHECK PAYABLE TO: Division of Health Services

MAIL TO: William L. Meyer
Solid & Hazardous Waste Management Branch
P.O. Box 2091
Raleigh, NC 27602-2091





North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

December 5, 1985

Ronald H. Levine, M.D., M.P.H.
State Health Director

MEMORANDUM

TO: North Carolina Generators; Transporters; and Treaters, Storers
or Disposers (TSD's) of Hazardous Waste.

FROM: William L. Meyer, Head *William L Meyer*
Solid & Hazardous Waste Management Branch
Environmental Health Section

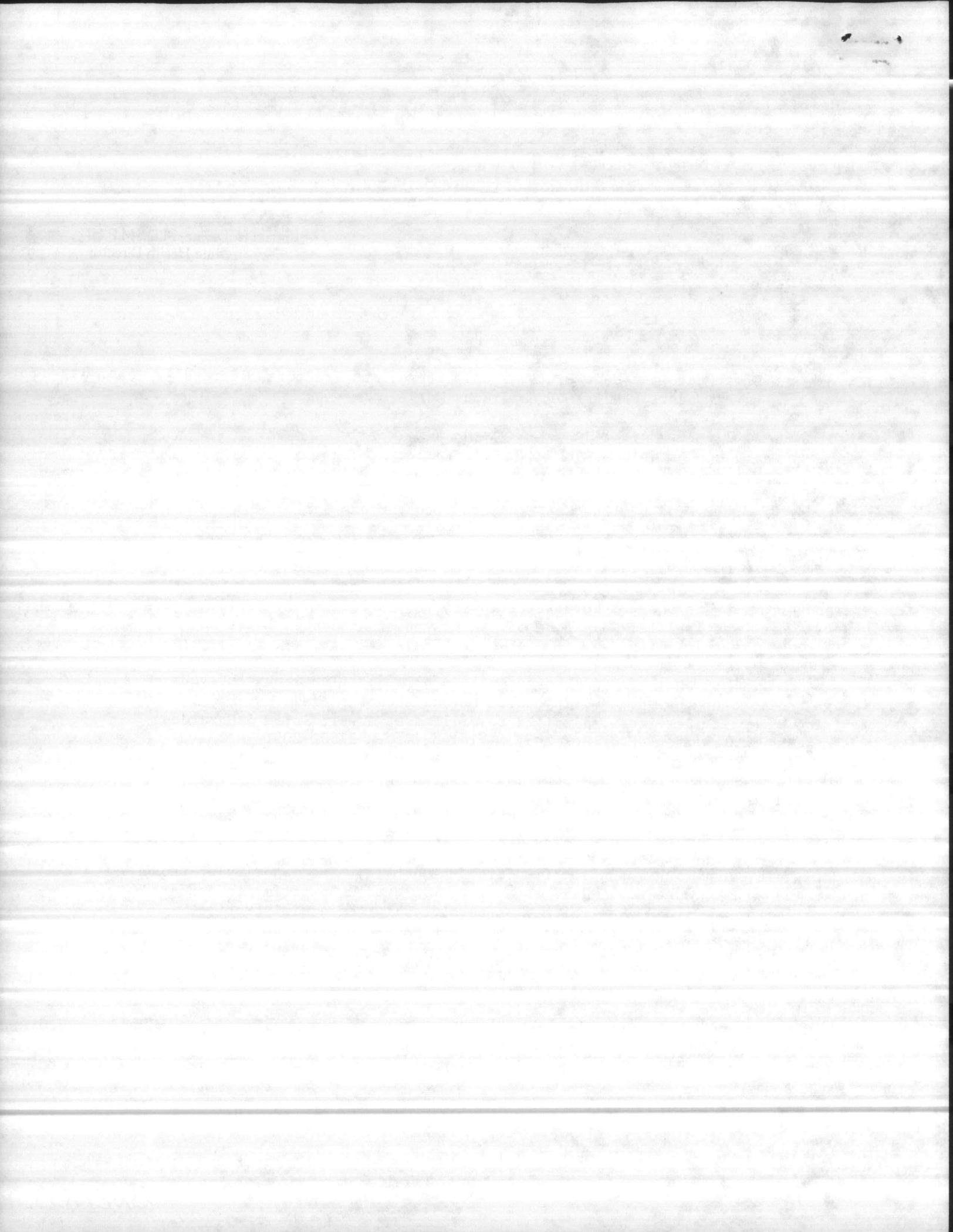
SUBJECT: Annual Fees Billing For Handlers of Hazardous Waste.

Effective January 1, 1986, all handlers of hazardous waste are required by administrative rule 10 NCAC 10C .0701 through .0704 to pay an annual fee. The above rules were adopted November 13, 1985, as authorized by GS 130A - 294 (a) (7) which was ratified July 3, 1985. A copy of the adopted rules is included with this billing.

One-half the annual fee will be collected in FY 86. The amount of your fee is included on the attached invoice. Checks should be made payable to the Division of Health Services and mailed to William L. Meyer, Solid & Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, N.C. 27602-2091

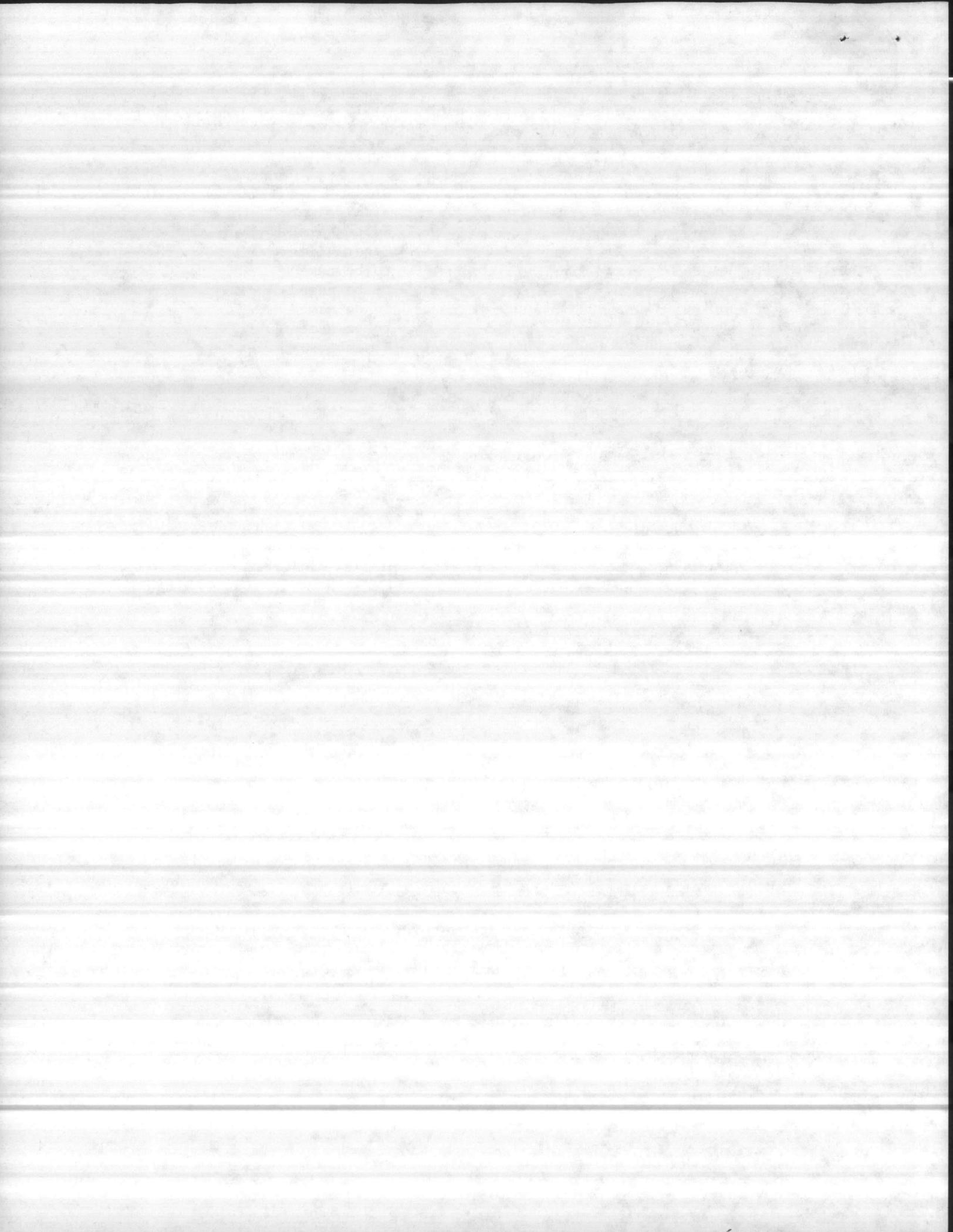
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ENCL(1)



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Rep. from Envir. Groups	Bill Holman
Citizens for Business & Industry	Edith Marsh
Gov. Waste Mgt. Board	Edgar Miller
Rep. from NRCD	to be named
H.W. Treatment Commission	to be named
N.C. Textile Manufacturing Association	to be named
N.C. Hospital Association	to be named
Other concerned citizens or groups, not to exceed 10 members	



10 NCAC 10C .0701 through .0704 have been adopted as follows:

Section .0700 ANNUAL FEES FOR HANDLERS OF HAZARDOUS WASTE

.0701 APPLICABILITY AND FEE SCHEDULE

(a) Any person who handles hazardous waste for which an identification number is required under 10 NCAC 10F is subject to annual fees for each activity as follows:

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Generators and Transporters	900.00
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Treatment, Storage, and/or Disposal Facilities that are also generators or transporters of hazardous waste.	1,200.00

(b) Small quantity generators, as defined in 10 NCAC 10F .0029, shall be exempt from these annual fee requirements.

History Note: Statutory Authority G. S. 130A-294(a)(7);
Eff. January 1, 1986.

.0702 PAYMENT OF FEES

(a) The annual fee is based on a fiscal year beginning July 1 and ending June 30 the next calendar year. The annual fee for fiscal year 1985-86 shall be 1/2 the annual rate, due and payable on January 1, 1986. Thereafter, all annual fees will be due and payable on July 1 of each fiscal year.

(b) Any person notifying the Division of Health Services of hazardous waste handling or any person submitting a permit application for a treatment, storage or disposal facility, shall pay the appropriate annual fee within 30 days of notification or receipt, by the Division, of the permit application.

(c) Check shall be made payable to the Division of Health Services and mailed to the Solid and Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, N. C., 27602-2091.

(d) All fees imposed by this section are nonrefundable.

History Note: Statutory Authority G.S. 130A-294(a)(7);
Eff. January 1, 1986.

00.00

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.0703 APPEALS

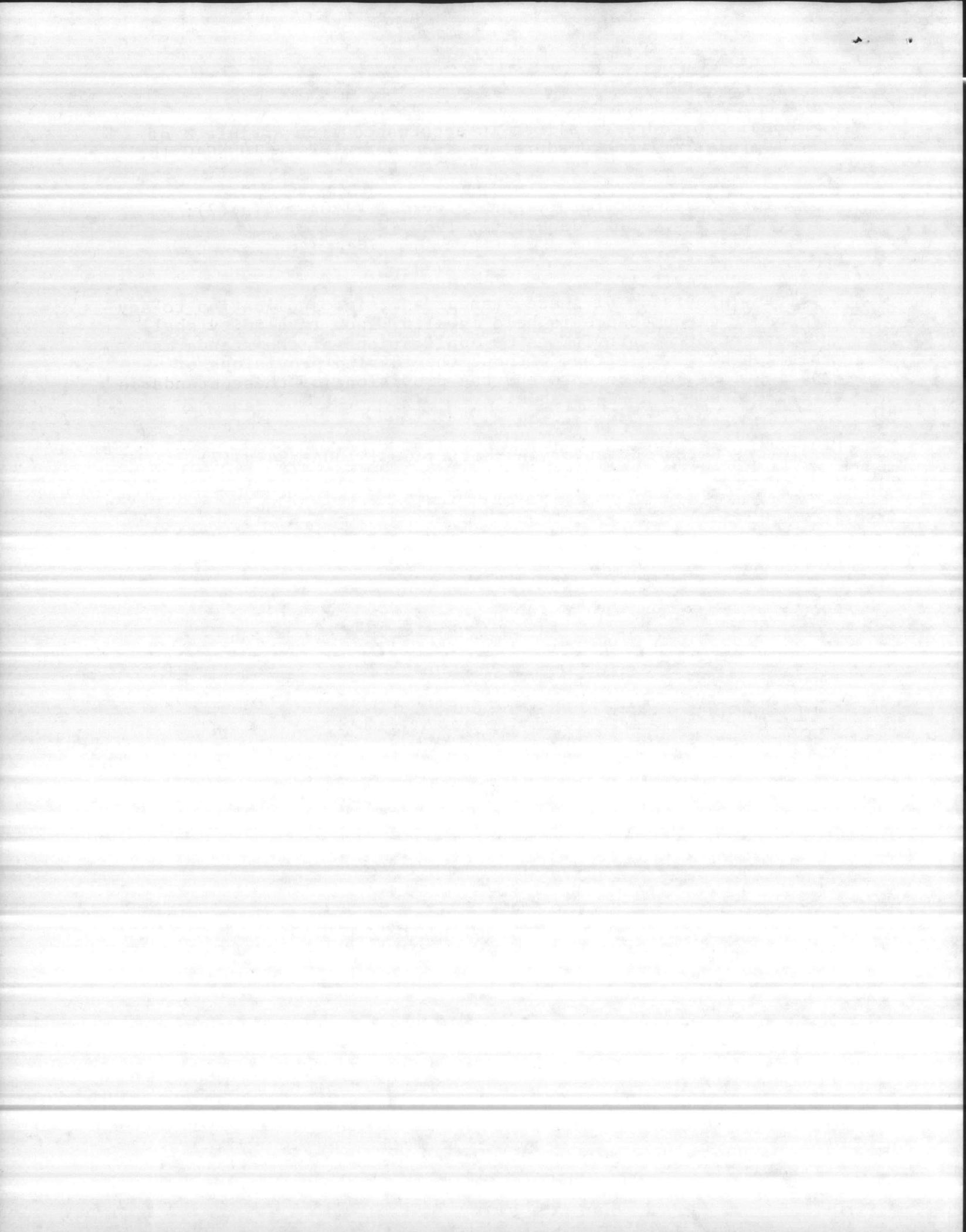
Appeal procedures shall be in accordance with Article 3 of the Administrative Procedure Act and the rules in 10 NCAC 1B.

History Note: Statutory Authority G.S. 130A-294(a)(7);
Eff. January 1, 1986.

.0704 SEVERABILITY

If any provision of these standards or its application to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the standards that can be given effect without the invalid provisions or applications, and to this end the provisions of these standards are declared to be severable.

History Note: Statutory Authority G.S. 130A-294(a)(7)
Eff. January 1, 1986.





North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director

December 10, 1985

INVOICE

N.C. Treater, Storer, or Disposer
and/or combined Hazardous Waste Facility.

TO:

NC6170022580
Alexander, Bob Ecologist
US Marine Corps Base Camp LeJeune
Marine Corps Base
Camp LeJeune NC 28542

Amount of Annual fees due \$600, as required by Administrative Rule 10
NCAC 10C .0701 through .0704 .

PLEASE MAKE CHECK PAYABLE TO: Division of Health Services

MAIL TO: William L. Meyer
Solid & Hazardous Waste Management Branch
P.O. Box 2091
Raleigh, NC 27602-2091



North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

December 5, 1985

Ronald H. Levine, M.D., M.P.H.
State Health Director

MEMORANDUM

TO: North Carolina Generators; Transporters; and Treaters, Storers
or Disposers (TSD's) of Hazardous Waste.

FROM: William L. Meyer, Head *William L Meyer*
Solid & Hazardous Waste Mangement Branch
Environmental Health Section

SUBJECT: Annual Fees Billing For Handlers of Hazardous Waste.

Effective January 1, 1986, all handlers of hazardous waste are required by administrative rule 10 NCAC 10C .0701 through .0704 to pay an annual fee . The above rules were adopted November 13, 1985, as authorized by GS 130A - 294 (a) (7) which was ratified July 3, 1985. A copy of the adopted rules is included with this billing.

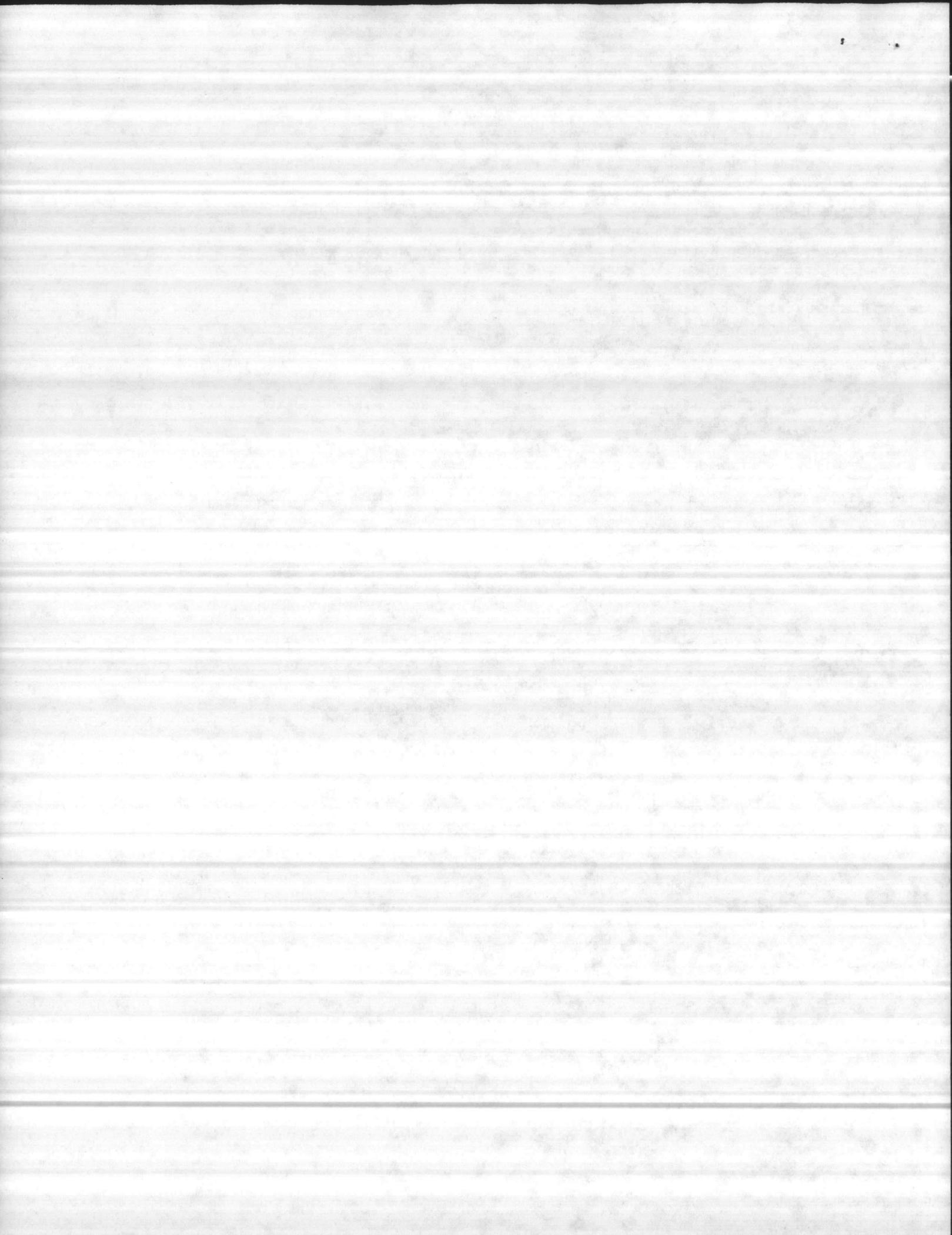
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Public meetings were held by the N.C. Department of Human Resources October 23 in Greenville, October 24 in Hickory, and a public hearing was held October 25, 1985 in Raleigh on the annual fee rules for handlers of hazardous waste. Based on public comments at the meetings and the hearing and many written comments the final rules were modified considerably. The changes made directly reflect the comments received from the public. The majority of those commenting on the rules would like to submit a rulemaking petition in January 1986 to modify the rules even further as permitted in the administrative procedure rule 10 NCAC 4B. The Branch supports the rulemaking petition effort. Additional public meetings and hearings will be held and we anticipate that these rules will be modified prior to the next billing in July of 1986.

ENCL(1)

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	Representative
Solid & Hazardous Waste Management Branch	William L. Meyer
Rep. from Envir. Groups	Bill Holman
Citizens for Business & Industry	Edith Marsh
Gov. Waste Mgt. Board	Edgar Miller
Rep. from NRCD	to be named
H.W. Treatment Commission	to be named
N.C. Textile Manufacturing Association	to be named
N.C. Hospital Association	to be named
Other concerned citizens or groups, not to exceed 10 members	



10 NCAC 10C .0701 through .0704 have been adopted as follows:

Section .0700 ANNUAL FEES FOR HANDLERS OF HAZARDOUS WASTE

.0701 APPLICABILITY AND FEE SCHEDULE

(a) Any person who handles hazardous waste for which an identification number is required under 10 NCAC 10F is subject to annual fees for each activity as follows:

Generators	\$ 600.00
Transporters	600.00
Generators and Transporters	900.00
Treatment, Storage, and/or Disposal Facilities	1,200.00
Treatment, Storage, and/or Disposal Facilities that are also generators or transporters of hazardous waste.	1,200.00

(b) Small quantity generators, as defined in 10 NCAC 10F .0029, shall be exempt from these annual fee requirements.

History Note: Statutory Authority G. S. 130A-294(a)(7);
Eff. January 1, 1986.

.0702 PAYMENT OF FEES

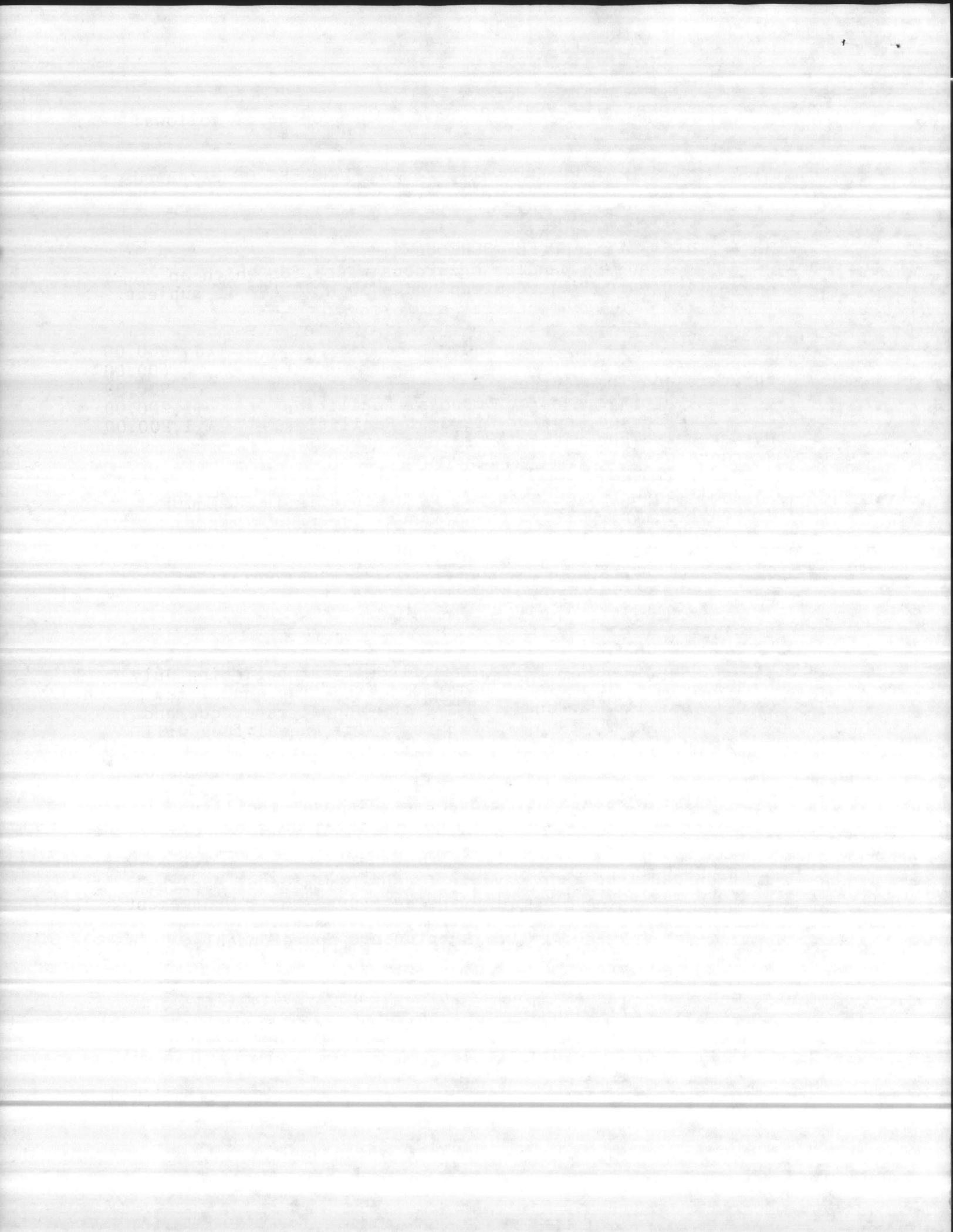
(a) The annual fee is based on a fiscal year beginning July 1 and ending June 30 the next calendar year. The annual fee for fiscal year 1985-86 shall be 1/2 the annual rate, due and payable on January 1, 1986. Thereafter, all annual fees will be due and payable on July 1 of each fiscal year.

(b) Any person notifying the Division of Health Services of hazardous waste handling or any person submitting a permit application for a treatment, storage or disposal facility, shall pay the appropriate annual fee within 30 days of notification or receipt, by the Division, of the permit application.

(c) Check shall be made payable to the Division of Health Services and mailed to the Solid and Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, N. C., 27602-2091.

(d) All fees imposed by this section are nonrefundable.

History Note: Statutory Authority G.S. 130A-294(a)(7);
Eff. January 1, 1986.



.0703 APPEALS

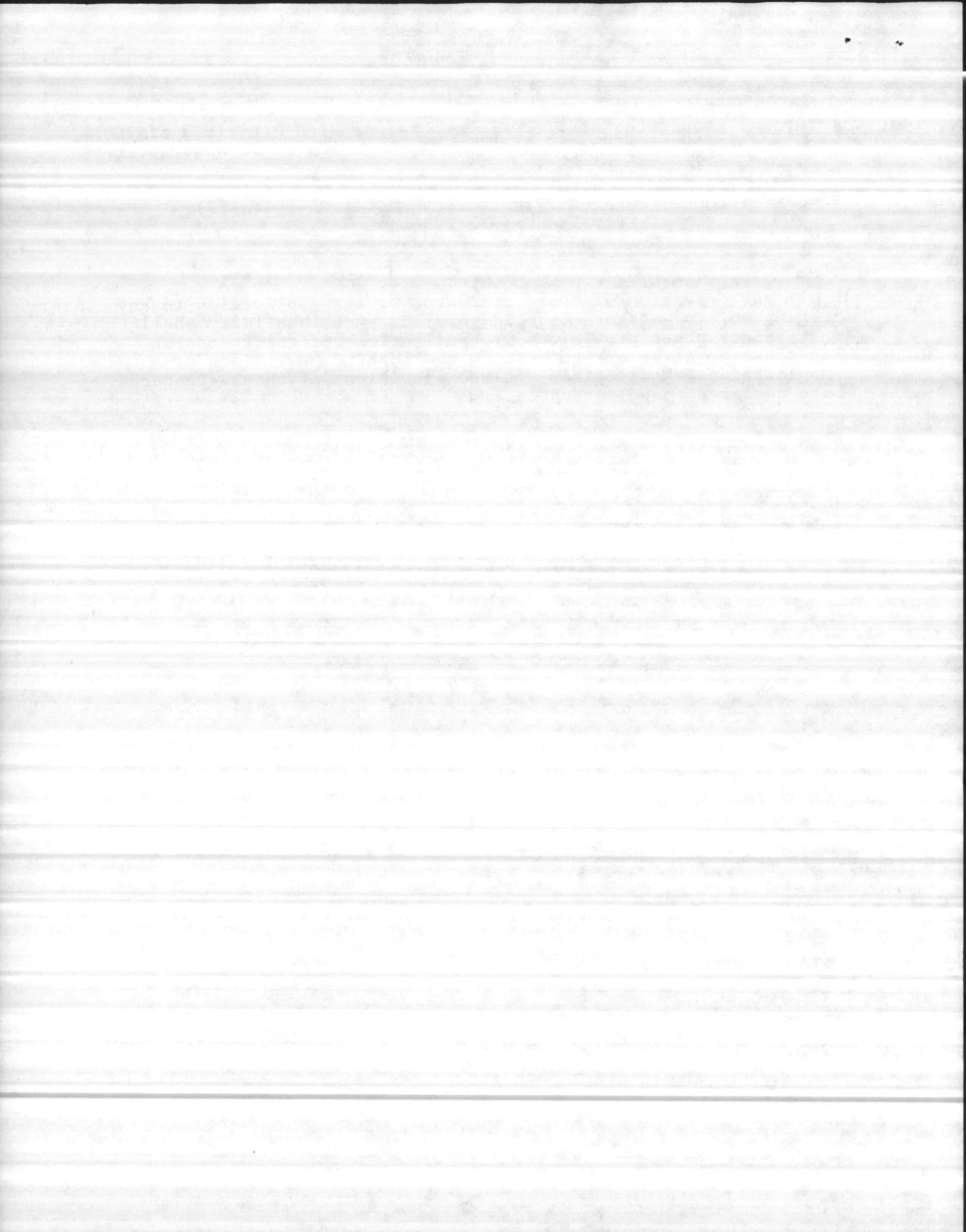
Appeal procedures shall be in accordance with Article 3 of the Administrative Procedure Act and the rules in 10 NCAC 1B.

History Note: Statutory Authority G.S. 130A-294(a)(7);
Eff. January 1, 1986.

.0704 SEVERABILITY

If any provision of these standards or its application to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the standards that can be given effect without the invalid provisions or applications, and to this end the provisions of these standards are declared to be severable.

History Note: Statutory Authority G.S. 130A-294(a)(7)
Eff. January 1, 1986.





North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director

December 10, 1985

INVOICE

N.C. Treater, Storer, or Disposer
and/or combined Hazardous Waste Facility.

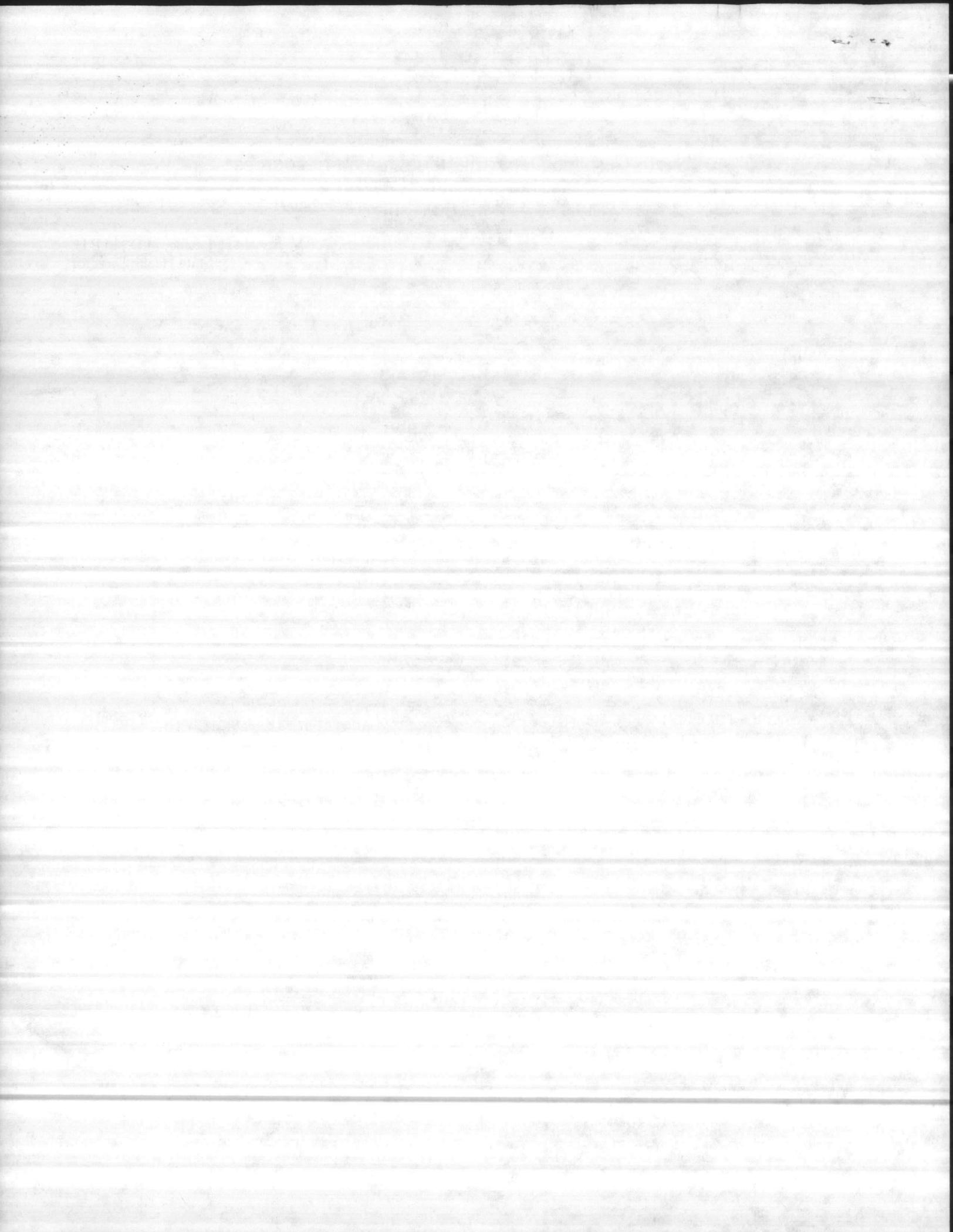
TO:

NC6170022580
Alexander, Bob Ecologist
US Marine Corps Base Camp LeJeune
Marine Corps Base
Camp LeJeune NC 28542

Amount of Annual fees due \$600, as required by Administrative Rule 10
NCAC 10C .0701 through .0704 .

PLEASE MAKE CHECK PAYABLE TO: Division of Health Services

MAIL TO: William L. Meyer
Solid & Hazardous Waste Management Branch
P.O. Box 2091
Raleigh, NC 27602-2091



First Manpower Chg

File
DWW

6240
MANP
'2 Oct 86

MEMORANDUM

From: Assistant Chief of Staff, Manpower, Marine Corps Base,
Camp Lejeune

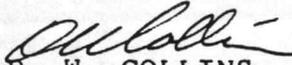
To: Director, Natural Resources and Environment Affairs
Division, Marine Corps Base, Camp Lejeune

Subj: CHANGES TO BASE HAZARDOUS MATERIAL DISPOSAL PROGRAM

Ref: (a) Your ltr 6240 NREAD of 15 Sep 86

Encl: (1) CPO Memo of 30 Sep 86

1. The reference has been reviewed and the enclosure is submitted as comments/recommendations to the proposed Base Order 6240.5A.


D. W. COLLINS
By direction

Memorandum

DATE: 30 Sep 86

FROM: Civilian Personnel Officer, Marine Corps Base, Camp Lejeune

TO: Assistant Chief of Staff, Manpower, Marine Corps Base, Camp Lejeune

SUBJ: HAZARDOUS MATERIAL DISPOSAL PROGRAM

AC/S Manpower memo of 17 sep 86

1. The following comments/recommendations are submitted in accordance with the reference.

a. Enclosure (2);

-Paragraph 1.b.

(6) Delete: "and provide to the Base Civilian Personnel Division (CPD)".

add: (7) Coordinate required HW training for civil service personnel with Base Civilian Personnel Division (CPD).

Rationale: This segment of the instruction is too broad in its scope. It implies the CPD will be responsible for all HW training of military as well as civilian personnel. The CPD is not responsible for military training.

-Paragraph 1.d.

(4) add: (g) Submit a record of civilian personnel HW training incidences to CPD for inclusion in the official personnel folder.

Rationale: There is no provision for documenting civilian training as required by BO 12410.3H.

Add: (5) Develop and implement a comprehensive HW personnel training plan meeting the requirements of reference (b) and related State of North Carolina regulations.

Rationale: The Director NREA Division is the position most cognizant of the entire HW Program; from the exact locations of HQ generators, through transport and storage, to the final disposal. Thus, the level of training required by each position and by the person filling that position can best be determined by the NREA.

-Paragraph 1.i.

- (1) Delete entire subparagraph and renumber subparagraph
- (2) as (1).

Rationale: Supervisors, military and civilian, are responsible for determining and making known the training needs for subordinates. The AC/S, Manpower is responsible for coordinating and providing funded civilian training.

b. Enclosure (3):

- Paragraph 4: change "Manpower" to "Facilities".

Rationale: This paragraph shifts the responsibility of providing HW training from AC/S Facilities to AC/S, Manpower. While AC/S, Manpower is tasked to provide informational and technical support in enclosure (2), 1.i.(2), it is felt the responsibility for identifying and providing the actual training lies with AC/S, Facilities.

Unnumbered paragraph below 4.d.

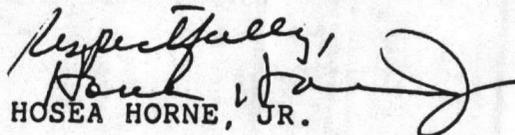
Change the last sentence of the paragraph to read: HMDC will coordinate the scheduling and funding of specialized HW training with the appropriate training support activity.

Rationale: The last sentence of the paragraph appears to task the AC/S, Manpower with the actual scheduling and funding of HW training.

-Paragraph 5:

Add: e. Copies of HW training records for civilian employees will be forwarded to the Civilian Personnel Division for inclusion in the official personnel folder. The record will contain the following information: Name, social security number, beginning and ending dates of training, title or type of training and number of hours of training.

Rationale: To provide for the documentation of civilian training incidences as required by BO 12410.3H.

Respectfully,

HOSEA HORNE, JR.



BASE MAINTENANCE DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

From: Supervisor, Finance and Property Management Section
To: Cost Accounting

Subj: Job Order for Minor Work or Contract Authorization

1. The following Job Order has been established for accomplishment of minor work/contract authorization as indicated.

a. Labor Class Code 05

b. Service Work Authorization No. _____

c. CAC P1 9290 12002

d. Date Authorized 13 Feb. 1986

e. Job Order No. Charges AM6-23-2094-2392T

f. Building Involved _____

g. Description of Work Annual Fee for Handling
of Hazardous Waste

h. Work requested by D. Sharpe

B. Geary

Copy to:

